

# Instructions for Form 1099-H



Department of the Treasury  
Internal Revenue Service

(Rev. December 2020)

## Health Coverage Tax Credit (HCTC) Advance Payments

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form 1099-H and its instructions, such as legislation enacted after they were published, go to [IRS.gov/Form1099H](https://www.irs.gov/Form1099H).

### Reminders

**General instructions.** In addition to these specific instructions, you should also use the current [General Instructions for Certain Information Returns](https://www.irs.gov/irm/part33/3301011_01.html). Those general instructions include information about the following topics.

- Backup withholding.
- Electronic reporting.
- Penalties.
- Who must file.
- When and where to file.
- Taxpayer identification numbers (TINs).
- Statements to recipients.
- Corrected and void returns.
- Other general topics.

You can get the general instructions from [General Instructions for Certain Information Returns](https://www.irs.gov/irm/part33/3301011_01.html) at [IRS.gov/1099GeneralInstructions](https://www.irs.gov/1099GeneralInstructions) or go to [IRS.gov/Form1099H](https://www.irs.gov/Form1099H).

**Continuous-use form and instructions.** Form 1099-H and these instructions have been converted from an annual revision to continuous use. Both the form and instructions will be updated as needed. For the most recent version, go to [IRS.gov/Form1099H](https://www.irs.gov/Form1099H).

### Specific Instructions

File Form 1099-H if you received any advance payments during the calendar year of qualified health insurance payments for the benefit of recipients of eligible trade adjustment assistance (TAA), Alternative TAA (ATAA), Reemployment TAA (RTAA); or Pension Benefit Guaranty Corporation (PBGC) payees, and their qualifying family members. These individuals are referred to in these instructions as recipients.

#### Who Must File

Section 6050T requires providers of qualified health insurance coverage (defined in section 35(e)) that receive advance payments of the HCTC from the Department of the Treasury on behalf of eligible recipients (pursuant to section 7527) to file Forms 1099-H to report those advance payments and to furnish a statement reporting that information to the recipient.

However, Notice 2004-47, 2004-29 I.R.B. 48, available at [IRS.gov/irb/2004-29\\_IRB#NOT-2004-47](https://www.irs.gov/irb/2004-29_IRB#NOT-2004-47), provides that the IRS HCTC Program (formerly the IRS HCTC

Transaction Center), as an administrator of the HCTC, will file the required returns and furnish statements to the recipients unless you elect to file and furnish information returns and statements on your own. Contact the HCTC Program for this purpose by emailing the HCTC Program at [wi.hctc.stakehdr.en@irs.gov](mailto:wi.hctc.stakehdr.en@irs.gov). Unless you notify the HCTC Program of your intent to file information returns and furnish statements, you will be considered to have elected to have the HCTC Program file Form 1099-H and furnish statements to recipients in satisfying section 6050T filing and furnishing requirements.

#### How To File

For filing with the IRS, see part E in the current [General Instructions for Certain Information Returns](https://www.irs.gov/irm/part33/3301011_01.html) and Pub. 1220.

#### Statements to Recipients

If you are required to file Form 1099-H, a statement must be furnished to the recipient. The HCTC Program will furnish a copy of Form 1099-H or an acceptable substitute statement to each recipient on your behalf, unless you elect to file Form 1099-H and furnish the copy or substitute statement yourself. If you make this election, you may fill out the form, found online at [IRS.gov/Form1099H](https://www.irs.gov/Form1099H), and send Copy B to the recipient. See part J in the current [General Instructions for Certain Information Returns](https://www.irs.gov/irm/part33/3301011_01.html).

#### Truncating recipient's TIN on recipient statements.

Pursuant to Treasury Regulations section 301.6109-4, all filers of this form may truncate a recipient's TIN (social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN)) on recipient statements. Truncation is not allowed on any documents the filer files with the IRS. A filer's TIN may not be truncated on any form. See part J in the current [General Instructions for Certain Information Returns](https://www.irs.gov/irm/part33/3301011_01.html).



*Expired ITINs may continue to be used for information return purposes regardless of whether they have expired for individual income tax return filing purposes. See part J in the current [General Instructions for Certain Information Returns](https://www.irs.gov/irm/part33/3301011_01.html).*

**Waiver of penalties.** Section 6724(a) authorizes the IRS to waive any penalties under sections 6721 and 6722 for failure to comply with the reporting requirements of section 6050T if such failures resulted from reasonable cause and not willful neglect. The HCTC Program will furnish a copy of Form 1099-H or an acceptable substitute statement to each recipient on your behalf, unless you elect to file Form 1099-H and furnish the copy or substitute statement yourself. The IRS will not assert the penalties imposed by sections 6721 and 6722 for information returns and statements required to be filed

and furnished under section 6050T against you if you allow the HCTC Program to file and furnish Forms 1099-H. If you elect not to allow the HCTC Program to file and furnish Forms 1099-H, the general rules for seeking a penalty waiver under section 6724(a) apply. See Regulations section 301.6724-1. For more information on penalties, see part O in the current [General Instructions for Certain Information Returns](#).

**Box 1—Amount of HCTC Advance Payments**

Enter the total amount of advance payments of health insurance premiums received on behalf of the recipient for the period January 1 through December 31 of the current year. The amount received for the current year cannot

exceed 72.5% of the total health insurance premium for the individual.

**Box 2—No. of Mos. HCTC Payments Received**

Enter the number of months payments were received on behalf of the recipient. This number cannot be more than 12.

**Boxes 3 Through 14—Amount of Advance Payment(s) Included in Box 1**

Enter the amount of the advance payment received for each month in the applicable box. You may receive these payments prior to the month for which they are paid. Be sure to enter the amounts in the correct box.