

7171

 VOID CORRECTED

ISSUER'S/PROVIDER'S name, street address, city, state, ZIP code, and telephone no.

1. Amount of HCTC advance payments

OMB No. 1545-1819

To Print an ACTUAL-SIZE overlay from ADOBE ACROBAT 3-5: in PRINT window:

2. No. of mos. HCTC payments received

2011**Health Coverage Tax Credit (HCTC) Advance Payments**Form **1099-H**

ISSUER'S/PROVIDER'S federal identification no.

RECIPIENT'S identification number

3. Jan.

9. July

Copy A**CHECK "Print As Image",****UNCHECK "Fit to Page" and "Shrink to Fit"**

4. Feb.

10. Aug.

For Internal Revenue Service Center

RECIPIENT'S name:

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5. Mar.

11. Sept.

File with Form 1096.

Street address (including apt. no.)

6. Apr.

12. Oct.

For Privacy Act and Paperwork Reduction Act

City, state, and ZIP code

7. May

13. Nov.

Notice, see the 2011 General Instructions for

8. June

14. Dec.

Certain Information Returns.

\$

\$

Form **1099-H**

Cat. No. 34912B

Department of the Treasury - Internal Revenue Service

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