

Do not attach to your tax return. Keep for your records.
 Go to www.irs.gov/Form1095A for instructions and the latest information.

Part I Recipient Information

1 Marketplace identifier New York	2 Marketplace-assigned policy number 25303NY001000100089176200011 209076202101010000	3 Policy issuer's name New York Quality Healthcare Corporation		
4 Recipient's name Govardhana Potturu		5 Recipient's SSN xxx-xx-9610	6 Recipient's date of birth	
7 Recipient's spouse's name Anusha Potturu		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth 1990-08-20	
10 Policy start date 2021-01-01	11 Policy termination date 2021-12-31	12 Street address (including apartment no.) 103 Patroon Dr Apt 8		
13 City or town Guilderland	14 State or province NY	15 Country and ZIP or foreign postal code 12084-9637		

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 Anusha Potturu		1990-08-20	2021-01-01	2021-12-31
17 Govardhana Potturu	xxx-xx-9610		2021-01-01	2021-12-31
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Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	820.89	1129.59	360.00
22 February	820.89	1129.59	360.00
23 March	820.89	1129.59	360.00
24 April	820.89	1129.59	360.00
25 May	820.89	1129.59	544.14
26 June	820.89	1129.59	544.14
27 July	820.89	1129.59	544.14
28 August	820.89	1129.59	544.14
29 September	820.89	1129.59	544.14
30 October	820.89	1129.59	544.14
31 November	820.89	1129.59	544.14
32 December	820.89	1129.59	544.14
33 Annual Totals	9850.68	13555.08	5793.12