



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2021
Massachusetts
Department of
Revenue

1 Name of insurance company or administrator		2 FID number of insurance co. or administrator		
Omnicom Group Inc.		203942102		
3 Name of subscriber	4 Date of birth	5 Subscriber number		
BHAVESH THAKKAR	03/25/1995	00000000555431301		
6 Street address	7 City/Town	8 State	9 Zip	
180 10TH STREET APT 407	JERSEY CITY	NJ	07302	
Full Year Coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, check months covered: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May. <input type="checkbox"/> Jun. <input type="checkbox"/> Jul. <input type="checkbox"/> Aug. <input checked="" type="checkbox"/> Sep. <input checked="" type="checkbox"/> Oct. <input checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec.			
	Corrected: <input type="checkbox"/>			