



Important Tax Document

202301230191



1 OF 1 ENV 19924

Forwarding Service Requested

SINGLE PIECE

19924 0.3820 SP 0.600



SUDHEER GARIKAPATI
10 COTTAGE STREET MANVILLE
MANVILLE, RI 02838-1504

29



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2022
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator
Massachusetts Benefit Administrators, LLC

2. FID number of insurance co. or administrator
271502067

3. Name of subscriber
SUDHEER GARIKAPATI

4. Date of birth
1986-02-09

5. Subscriber number
QVR99090011200

6. Street address
10 Cottage Street

7. City/Town
Manville

8. State
RI

9. Zip
02838

Full-year minimum creditable coverage? Yes No If No, check months with minimum creditable coverage: Jan Feb Mar. Apr. May June July Aug. Sept. Oct. Nov Dec Corrected:

Name of dependent
PRIYANKA ALAPATI Date of birth
1995-05-15 Subscriber number
QVR99090011201

Full-year minimum creditable coverage? Yes No If No, check months with minimum creditable coverage: Jan Feb Mar. Apr. May June July Aug. Sept. Oct. Nov Dec Corrected:

Name of dependent
AARYANSH GARIKAPATI Date of birth
2018-10-05 Subscriber number
QVR99090011202

Full-year minimum creditable coverage? Yes No If No, check months with minimum creditable coverage: Jan Feb Mar. Apr. May June July Aug. Sept. Oct. Nov Dec Corrected: