

Return Service Requested



\*\*\*\*\*MIXED AADC 983  
4359 1 MB 0.531  
KRISHNA JAYA KOTHARI  
12856 176TH STREET CT E  
PUYALLUP WA 98374-9813

MAL99E01 COM1  
20230120B00 JR3A  
20230117 038175  
Env [4,359] 1 of 1

\*038175010101\*



Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

2022  
Massachusetts  
Department of  
Revenue

|   |                                |  |                 |
|---|--------------------------------|--|-----------------|
| 1. Name of insurance company or administrator<br>Anthem Blue Cross Blue Shield  |                                | 2. FID number of insurance co. or administrator<br>390138065 |                 |
| 3. Name of subscriber<br>KRISHNA JAYA KOTHARI   | 4. Date of birth<br>1993-01-23 | 5. Subscriber number<br>482W0684710                          |                 |
| 6. Street address<br>12856 176TH STREET CT E  | 7. City/Town<br>PUYALLUP       | 8. State<br>WA   | 9. Zip<br>98374 |
| Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:   |                                |  |                 |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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 type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec |                                |  |                 |