

Return Service Requested

\*\*\*\*\*SCH 5-DIGIT 01581  
40833 1 AV 0-507 70  
SANJEET KUMAR  
135 E MAIN ST APT N8  
WESTBOROUGH MA 01581-2725

019233010101\*



Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

2023  
Massachusetts  
Department of  
Revenue

1. Name of insurance company or administrator 2. FID number of insurance co. or administrator  
Anthem Blue Cross Blue Shield 350781558

3. Name of subscriber 4. Date of birth 5. Subscriber number  
SANJEET KUMAR 1983-03-10 076W1539910

6. Street address 7. City/Town 8. State 9. Zip  
135 E MAIN ST APT N8 WESTBOROUGH MA 01581

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:  
 Yes  No  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Name of dependent 4. Date of birth 5. Subscriber number  
AVYAANSH SINHA 2023-11-15 076W1539951

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:  
 Yes  No  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Name of dependent 4. Date of birth 5. Subscriber number  
RASHMI SINHA 1990-02-11 076W1539940

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:  
 Yes  No  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Name of dependent 4. Date of birth 5. Subscriber number  
SHIVANSH SINHA 2018-07-04 076W1539950

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:  
 Yes  No  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec