

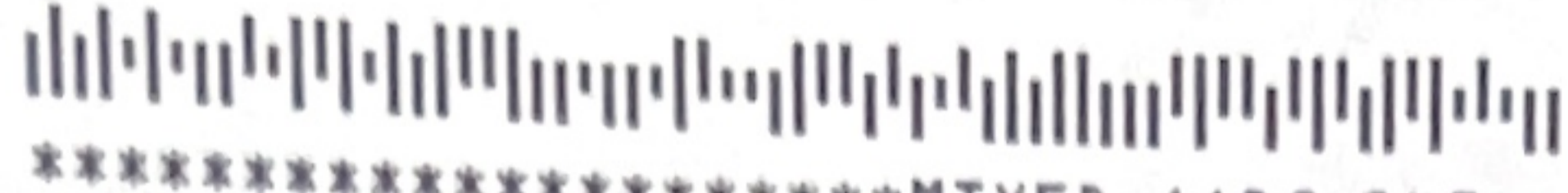
Anthem, Inc.
1155 Elm Street
Suite 200
Manchester, NH 03101

Important
Tax
Document

VHV

Return Service Requested

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SUSHMANTH V KONETI
1010 NORTHWOOD DR
WILLIAMSVILLE NY 14221-3872

10101062550



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2023
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator Anthem Blue Cross Blue Shield		2. FID number of insurance co. or administrator 540357120	
3. Name of subscriber SUSHMANTH V KONETI	4. Date of birth 1990-08-29	5. Subscriber number 263W0605910	
6. Street address 2 CIRRUS DR APT 2103	7. City/Town ASHLAND	8. State MA	9. Zip 01721
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			