

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

**Important
Tax
Document**

1 of 1
00702

Return Service Requested

*****SCH 5-DIGIT 02324
71628 1 AV 0.507 130
SONALLI KALRA
80 STONEYBROOK DR
BRIDGEWATER MA 02324-3554



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 (CA)		2. FID number of insurance co. or administrator 954331852	
3. Name of subscriber SONALLI KALRA	4. Date of birth 1997-10-20	5. Subscriber number 550W1770920	
6. Street address 80 STONEYBROOK DR	7. City/Town BRIDGEWATER	8. State MA	9. Zip 02324
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Oct <input checked="" type="checkbox"/> Nov <input checked="" type="checkbox"/> Dec			