

MA Compliance
PO Box 3050
Easton, PA 18043-3050

0001200



January 19, 2019

GOURAV BHATTACHARYA
995 SOUTHERN ARTERY
APT 303
QUINCY MA 02169-8400

Re: **IMPORTANT TAX INFORMATION - Massachusetts 1099-HC Form**
Account: 3336239 SILV1

Dear GOURAV BHATTACHARYA,

This MA 1099-HC form (see reverse side) serves as a written statement of health insurance coverage provided to you and your family. It is being issued in accordance with Massachusetts Health Care Reform Creditable Coverage legislation, Ch. 324 MGL Sec. 11 8B, and its information should be used in filing your state tax return. For further information, please contact the Massachusetts Department of Revenue at <http://www.mass.gov/dor> or your tax advisor. If you have any questions, you may contact your employer or call 1.800.898.8969.

If you are filing a paper return, please attach a copy of this 1099 HC form to your tax return.





**Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage**

2018

**Massachusetts
Department of
Revenue**

1 Name of insurance company or administrator Cognizant Technology Solutions	2 FID number of insurance co. or administrator 133924155
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3 Name of subscriber GOURAV BHATTACHARYA	4 Date of birth 04/04/1991	5 Subscriber number 00000000369510001
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6 Street address 995 SOUTHERN ARTERY APT 303	7 City/Town QUINCY	8 State MA	9 Zip 02169
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Full Year Coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, check months covered: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input checked="" type="checkbox"/> Mar. <input checked="" type="checkbox"/> Apr. <input checked="" type="checkbox"/> May. <input checked="" type="checkbox"/> Jun. <input checked="" type="checkbox"/> Jul. <input checked="" type="checkbox"/> Aug. <input checked="" type="checkbox"/> Sep. <input checked="" type="checkbox"/> Oct. <input checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec.	Corrected: <input type="checkbox"/>
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a Name of dependent RAJRUPA MAITRA	Date of birth 07/01/1991	Subscriber number 00000000369510002
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Full Year Coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, check months covered: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input checked="" type="checkbox"/> Mar. <input checked="" type="checkbox"/> Apr. <input checked="" type="checkbox"/> May. <input checked="" type="checkbox"/> Jun. <input checked="" type="checkbox"/> Jul. <input checked="" type="checkbox"/> Aug. <input checked="" type="checkbox"/> Sep. <input checked="" type="checkbox"/> Oct. <input checked="" type="checkbox"/> Nov. <input checked="" type="checkbox"/> Dec.	Corrected: <input type="checkbox"/>
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