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JAWAHAR PATLOLLA
65 WESTWIND RD
BOSTON, MA 02125

Enclosed is your 2017 1099-HC form which is required as proof of health care coverage when filing your Massachusetts income tax form. Copies of the Schedule HC form are available at the Massachusetts Department of Revenue (DOR) website (www.mass.gov/dor). Should you need a replacement copy of your 1099-HC, please contact us at 1-877-707-2583 and select Option 3. Representatives are available Monday to Friday, 8:00am to 7:00pm. Thank you



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2017
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator Massachusetts Benefit Administrators, LLC		2 FID number of insurance co. or administrator 271502067	
3 Name of subscriber JAWAHAR PATLOLLA	4 Date of birth 03/01/1992	5 Subscriber number VNA98140104400	
6 Street address 65 WESTWIND RD	7 City/Town BOSTON	8 State MA	9 Zip 02125
Full-year coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, check months covered: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.		Corrected: