

Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

This statement is provided to you because you received HCTC advance payments of your health coverage insurance premiums. These advance payments were forwarded directly to your health insurance provider. You qualify to receive advance payments if you were an eligible trade adjustment assistance (TAA), Reemployment TAA, or a Pension Benefit Guaranty Corporation (PBGC) pension recipient. See Form 8885, Health Coverage Tax Credit, and its instructions for more details on qualified recipients and how to figure any credit that you may be able to take on your Form 1040, 1040NR, 1040-SS, or 1040-PR.

Box 1. Shows the total amount of HCTC advance payments of qualified health insurance costs that were made on your behalf. Do not report this amount on Form 8885. This amount is in lieu of any credit you will be able to take on Form 1040, 1040NR, 1040-SS, or 1040-PR, because it was paid for you in advance.

Box 2. Shows the total number of months you received HCTC payments.

Boxes 3 through 14. Shows the amount of HCTC advance payments paid for you for each month. The total of the amounts shown in these boxes equals the amount shown in box 1.

CORRECTED (if checked)

ISSUER'S/PROVIDER'S name, address, city, state, ZIP code, and telephone no. INTEGRATED DATA MANAGEMENT SYSTEMS, INC. DBA IDMS ACCOUNT ABILITY 560 BROADHOLLOW ROAD STE 109 MELVILLE NY 11747-3702		1 Amount of HCTC advance payments \$ 15000.00	OMB No. 1545-1813 2011 Form 1099-H	Health Coverage Tax Credit (HCTC) Advance Payments
Telephone: 631-249-7744		2 No. of months for which HCTC payments received 8		
ISSUER'S/PROVIDER'S Federal id no. 12-3456789	RECIPIENT'S identification number XXX-XX-0029	3 Jan. \$ 1200.00	9 July \$ 1500.00	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service.
RECIPIENT'S name, street address, city, state, and ZIP code JOHN DOE APT 101A 560 ROUTE 110 MELVILLE NY 11747-2114		4 Feb. \$ 2500.00	10 Aug. \$ 2500.00	
		5 Mar. \$ 2500.00	11 Sept. \$	
		6 Apr. \$ 2500.00	12 Oct. \$ 2500.00	
		7 May \$	13 Nov. \$ 2100.00	
		8 June \$ 200.00	14 Dec. \$	

Form 1099-H

(Keep for your records)

Department of the Treasury - Internal Revenue Service

INTEGRATED DATA MANAGEMENT SYSTEMS, INC.
DBA IDMS ACCOUNT ABILITY
560 BROADHOLLOW ROAD STE 109
MELVILLE NY 11747-3702

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