

☐ CORRECTED (if checked)

|                                                                                                                                                                                                                                                     |                                       |                                                                                            |                                                              |                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| ISSUER'S/PROVIDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br><br><b>Blanda-Thompson</b><br><b>52379 Osinski Station</b><br><b>Apt 378</b><br><b>East Russel, KS 72915</b>   |                                       | 1 Amount of HCTC advance payments<br><b>\$ 200.00</b>                                      | OMB No. 1545-1813<br>Form <b>1099-H</b><br>(Rev. April 2025) | <b>Health Coverage<br/>Tax Credit (HCTC)<br/>Advance Payments</b>                                                       |
|                                                                                                                                                                                                                                                     |                                       | 2 No. of mos. of HCTC advance payments and reimbursement credits paid to you<br><b>300</b> | For calendar year<br><b>2026</b>                             |                                                                                                                         |
| ISSUER'S/PROVIDER'S TIN<br><b>00-0805185</b>                                                                                                                                                                                                        | RECIPIENT'S TIN<br><b>xxx-xx-7578</b> | 3 Jan.<br><b>\$ 400.00</b>                                                                 | 9 July<br><b>\$</b>                                          | <b>Copy B<br/>For Recipient</b><br><br>This is important<br>tax information<br>and is being<br>furnished to the<br>IRS. |
| RECIPIENT'S name<br><br><b>Ada Wenona O'Keefe</b><br><br>Street address (including apt. no.)<br><b>2236 McCullough Lodge Apt 786</b><br><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Lake Tyson, KY 91455</b> |                                       | 4 Feb.<br><b>\$</b>                                                                        | 10 Aug.<br><b>\$</b>                                         |                                                                                                                         |
|                                                                                                                                                                                                                                                     |                                       | 5 Mar.<br><b>\$</b>                                                                        | 11 Sept.<br><b>\$</b>                                        |                                                                                                                         |
|                                                                                                                                                                                                                                                     |                                       | 6 Apr.<br><b>\$</b>                                                                        | 12 Oct.<br><b>\$</b>                                         |                                                                                                                         |
|                                                                                                                                                                                                                                                     |                                       | 7 May<br><b>\$</b>                                                                         | 13 Nov.<br><b>\$</b>                                         |                                                                                                                         |
|                                                                                                                                                                                                                                                     |                                       | 8 June<br><b>\$</b>                                                                        | 14 Dec.<br><b>\$</b>                                         |                                                                                                                         |

Form **1099-H** (Rev. 4-2025)

(keep for your records)

[www.irs.gov/Form1099H](http://www.irs.gov/Form1099H)

Department of the Treasury - Internal Revenue Service