

Health Coverage Tax Credit (HCTC) Blank Payment Coupon

Instructions

Use this HCTC payment coupon if you received a notification letter from the IRS stating you have successfully enrolled in the HCTC Program.

Step 1: Complete the information requested in the spaces provided directly below. You can find your HCTC Participant Identification Number at the top of your enrollment notification letter. We strongly recommend that you complete Step 1 prior to printing, as it will auto-populate the coupon below. Electronic completion of this form will assist with the accurate and timely processing of your payment.

HCTC Participant Identification Number:

Re-enter HCTC Participant Identification Number:

Participant Name:

Street Address:

City, State and Zip:

Amount Paid:

\$, .

Step 2: Print this document.

Step 3: Cut off the payment coupon where indicated below.

Step 4: Send the payment coupon along with your payment to:

US Treasury – HCTC
P.O. Box 970023
St. Louis, MO 63197-0023

Payment Details

The HCTC Program accepts the following payment methods by mail: personal check, business check, certified check, cashier's check, and money order. Make your check payable to **US Treasury – HCTC**. Write your HCTC Participant Identification Number on your check. Checks must be drawn from a bank within the United States. Checks will be processed upon receipt; post-dated checks will not be held for a later deposit. When you provide a check as payment, you authorize the HCTC Program to process the payment as a check transaction.

Failure to provide all required information could delay processing of your payment.

Privacy ACT and PAPERWORK REDUCTION ACT NOTICE. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Your response is voluntary. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by code section 6103. The estimated average time to complete this form is 10 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we will be happy to hear from you. You can write to the Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Cut along this line and remit the below payment coupon with your payment.

HCTC | Stay covered.
Health Coverage Tax Credit

HCTC Participant Identification Number:

Participant Name:

Street Address:

City, State and Zip:

Amount Paid: \$, .

Please make payments payable to:

US Treasury – HCTC
P.O. Box 970023
St. Louis, MO 63197-0023

Please do not write below this line. Do not send cash. Do not fold, staple, or paper clip this coupon.