## Form **1094-B**

## **Transmittal of Health Coverage Information Returns**

OMB No. 1545-2252

201

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form1094B for instructions and the latest information.

| internal revenue cervice                                                             |                                          |                                          |                           |                           |
|--------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|---------------------------|---------------------------|
| 1 Filer's name                                                                       |                                          | 2 Employer identification number (EIN)   |                           |                           |
|                                                                                      |                                          |                                          |                           |                           |
| 3 Name of person to contact                                                          |                                          | 4 Contact telephone number               |                           |                           |
| 5 Street address (including room or suite no.)                                       | 6 City or town                           |                                          |                           |                           |
| o officer address (moldaling room or suite no.)                                      | Only of form                             |                                          | For Offi                  | cial Use Only             |
| 7 State or province                                                                  | 8 Country and ZIP or foreign postal code |                                          |                           | ${ m I\!I\!I}$            |
| 9 Total number of Forms 1095-B submitted with this transmittal                       |                                          | •                                        |                           |                           |
| Under penalties of perjury, I declare that I have examined this return and accompany | ing documents, and to                    | the best of my knowledge and belief, the | ey are true, correct, and | complete.                 |
|                                                                                      |                                          |                                          |                           |                           |
| -                                                                                    |                                          |                                          |                           |                           |
| Signature                                                                            | Title                                    |                                          | Date                      |                           |
| For Privacy Act and Panerwork Reduction Act Notice see senarate instructions         |                                          | Cat No. 61570P                           |                           | Form <b>1094-B</b> (2019) |