1094-C

Transmittal of Employer-Provided Health Insurance Offer and **Coverage Information Returns**

OMB No. 1545-2251

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Department of the Treasury		coverage implimation returns		
Internal Revenue Service	► Information about Form 1094-C	▶ Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c	www.irs.gov/torm1094c	
Part Applicable Lar	Applicable Large Employer Member (ALE Member)	nber)		
1 Name of ALE Member (Employer)	er)		2 Employer identification number (EIN)	
Egon Test			15-555555	
3 Street address (including room or suite no.)	or suite no.)			
18 Interchange Blvd Suite A	e A			
4 City or town		5 State or province	6 Country and ZIP or foreign postal code	
GRANITEVILLE		SC	29607	
7 Name of person to contact			8 Contact telephone number	
Brian S Dunham			55555555	
9 Name of Designated Government Entity (only if applicable)	ent Entity (only if applicable)		10 Employer identification number (EIN)	
11 Street address (including room or suite no.)	or suite no.)			For Official Use Only
12 City or town		13 State or province	14 Country and ZIP or foreign postal code	
15 Name of person to contact			16 Contact telephone number	
17 Reserved				
18 Total number of Forms	18 Total number of Forms 1095-C submitted with this transmittal			• • 410
19 Is this the authoritative	19 Is this the authoritative transmittal for this ALE Member? If "Yes	es," check the box and continue. If "No," see instructions	If "No," see instructions	
Part II ALE Member Information	nformation			
20 Total number of Forms	20 Total number of Forms 1095-C filed by and/or on behalf of ALE	LE Member		• 410
21 Is ALE Member a mem	Is ALE Member a member of an Aggregated ALE Group?			
If "No," do not complete Part IV.	e Part IV.			
22 Certifications of Eligik	Certifications of Eligibility (select all that apply):			
A. Qualifying Offer Method	ethod B. Reserved	C. Section 4980H Transition Relief	Relief D. 98% Offer Method	ро
Under penalties of perjury, I de	dare that I have examined this return and a	accompanying documents, and to the l	Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.	rue, correct, and complete.
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Signature
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 61571A

Title

Date

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Part	M ALE Member	Form 1094-C (2016) Part III ALE Member Information — Monthly	1 Onthly				Page Z
		(a) Minimum Essential Coverage Offer Indicator	sential Coverage dicator	(b) Section 4980H Full-Time	(c) Total Employee Count	(d) Aggregated	(e) Section 4980H
	1	Yes	No	- Employee Count for ALE Member	TOT ALE IMEMBER	Group Indicator	Iransition Relief Indicator
23	All 12 Months	X					
24	Jan			375	353		
52	Feb			373	351		
56	Mar			369	351		
27	Apr			366	348		
78	May			369	353		
59	June			374	356		
30	July			375	355		
31	Aug			361	352		
32	Sept			365	354		
33	Oct			362	351		
8	Nov			361	351		
35	Dec			359	349		
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Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	E	Name	EN S
36		51	
37		52	
38		53	
39		54	
40		55	
41		26	
42		57	
43		28	
4		59	
45		09	
46		61	
47		62	
48		63	
49		64	
50		65	
			0 7007

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