

Form **1094-C**

Department of the Treasury  
Internal Revenue Service

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

► Information about Form 1094-C and its separate instructions is at [www.irs.gov/form1094c](http://www.irs.gov/form1094c)

☐ CORRECTED

OMB No. 1545-2251

**2016**

**Part I Applicable Large Employer Member (ALE Member)**

|  |                            |   |
|--|----------------------------|---|
| 1 Name of ALE Member (Employer)<br>formgen                             |                            | 2 Employer identification number (EIN)<br>23-2234223  |
| 3 Street address (including room or suite no.)<br>27 cadogan dr 123    |                            |   |
| 4 City or town<br>SULLIVANS ISLAND                                     | 5 State or province<br>SC  | 6 Country and ZIP or foreign postal code<br>29681     |
| 7 Name of person to contact<br>samppath k narayanan Jr                 |                            | 8 Contact telephone number<br>3423452342              |
| 9 Name of Designated Government Entity (only if applicable)<br>sam DGE |                            | 10 Employer identification number (EIN)<br>23-4234234 |
| 11 Street address (including room or suite no.)<br>1932 DGE street 234 |                            |   |
| 12 City or town<br>GABLE   | 13 State or province<br>SC | 14 Country and ZIP or foreign postal code<br>23423    |
| 15 Name of person to contact<br>DGEfirstname dgemi dgelastname Jr      |                            | 16 Contact telephone number<br>2342342342             |

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17 Reserved . . . . . ☐

18 Total number of Forms 1095-C submitted with this transmittal . . . . . ► 120

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions . . . . . ☒

**Part II ALE Member Information**

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member . . . . . ► 120

21 Is ALE Member a member of an Aggregated ALE Group? . . . . . ☒ Yes ☐ No

If "No," do not complete Part IV.

**22 Certifications of Eligibility (select all that apply):**

☐ A. Qualifying Offer Method ☐ B. Reserved ☐ C. Section 4980H Transition Relief ☐ D. 98% Offer Method

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.

► Signature Tech lead Date

**Part III ALE Member Information—Monthly**

|                         | (a) Minimum Essential Coverage Offer Indicator |                          | (b) Section 4980H Full-Time Employee Count for ALE Member | (c) Total Employee Count for ALE Member | (d) Aggregated Group Indicator      | (e) Section 4980H Transition Relief Indicator |
|-------------------------|--|--------------------------|---|---|-------------------------------------|---|
|                         | Yes  | No                       |   |   |                                     |   |
| <b>23</b> All 12 Months | <input checked="" type="checkbox"/>            | <input type="checkbox"/> |   |   | <input type="checkbox"/>            |   |
| <b>24</b> Jan           | <input type="checkbox"/>                       | <input type="checkbox"/> | 0   | 0                                       | <input type="checkbox"/>            |   |
| <b>25</b> Feb           | <input type="checkbox"/>                       | <input type="checkbox"/> | 0   | 0                                       | <input type="checkbox"/>            |   |
| <b>26</b> Mar           | <input type="checkbox"/>                       | <input type="checkbox"/> | 0   | 0                                       | <input type="checkbox"/>            |   |
| <b>27</b> Apr           | <input type="checkbox"/>                       | <input type="checkbox"/> | 0   | 0                                       | <input type="checkbox"/>            |   |
| <b>28</b> May           | <input type="checkbox"/>                       | <input type="checkbox"/> | 0   | 0                                       | <input type="checkbox"/>            |   |
| <b>29</b> June          | <input type="checkbox"/>                       | <input type="checkbox"/> | 0   | 0                                       | <input type="checkbox"/>            |   |
| <b>30</b> July          | <input type="checkbox"/>                       | <input type="checkbox"/> | 0   | 0                                       | <input type="checkbox"/>            |   |
| <b>31</b> Aug           | <input type="checkbox"/>                       | <input type="checkbox"/> | 0   | 0                                       | <input type="checkbox"/>            |   |
| <b>32</b> Sept          | <input type="checkbox"/>                       | <input type="checkbox"/> | 133   | 103                                     | <input checked="" type="checkbox"/> |   |
| <b>33</b> Oct           | <input type="checkbox"/>                       | <input type="checkbox"/> | 133   | 103                                     | <input checked="" type="checkbox"/> |   |
| <b>34</b> Nov           | <input type="checkbox"/>                       | <input type="checkbox"/> | 135   | 106                                     | <input type="checkbox"/>            |   |
| <b>35</b> Dec           | <input type="checkbox"/>                       | <input type="checkbox"/> | 133   | 103                                     | <input checked="" type="checkbox"/> |   |

**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         | EIN        | Name | EIN |
|--------------|------------|------|-----|
| 36 asdfasdfa | 23-4234234 | 51   |     |
| 37 asadfadsf | 23-4234222 | 52   |     |
| 38 adsfadsfa | 22-3423423 | 53   |     |
| 39 adsfaaaa  | 23-4234234 | 54   |     |
| 40 adsfadf   | 23-3453422 | 55   |     |
| 41           |            | 56   |     |
| 42           |            | 57   |     |
| 43           |            | 58   |     |
| 44           |            | 59   |     |
| 45           |            | 60   |     |
| 46           |            | 61   |     |
| 47           |            | 62   |     |
| 48           |            | 63   |     |
| 49           |            | 64   |     |
| 50           |            | 65   |     |