

Form 1094-C

Department of the Treasury
Internal Revenue Service

Transmittal of Employer-Provided Health Insurance
Coverage Information Returns

Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c

OMB No. 1545-2251

☐ CORRECTED

2016

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) AmandaB		2 Employer identification number (EIN) 22-2222212	
3 Street address (including room or suite no.) 5 Crazy Street			
4 City or town RUSSELLVILLE	5 State or province SC	6 Country and ZIP or foreign postal code 29302	8 Contact telephone number 5551112222
7 Name of person to contact Amanda Brock		10 Employer identification number (EIN)	
9 Name of Designated Government Entity (only if applicable)			
11 Street address (including room or suite no.)			
12 City or town	13 State or province	14 Country and ZIP or foreign postal code	16 Contact telephone number
15 Name of person to contact			

For Official Use Only



17 Reserved ☐

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

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 18

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 _____ Title _____ 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				
23 All 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24 Jan	<input type="checkbox"/>	<input type="checkbox"/>	16	13	<input type="checkbox"/>	
25 Feb	<input type="checkbox"/>	<input type="checkbox"/>	15	13	<input type="checkbox"/>	
26 Mar	<input type="checkbox"/>	<input type="checkbox"/>	14	12	<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input type="checkbox"/>	14	12	<input type="checkbox"/>	
28 May	<input type="checkbox"/>	<input type="checkbox"/>	17	15	<input type="checkbox"/>	
29 June	<input type="checkbox"/>	<input type="checkbox"/>	17	14	<input type="checkbox"/>	
30 July	<input type="checkbox"/>	<input type="checkbox"/>	17	14	<input type="checkbox"/>	
31 Aug	<input type="checkbox"/>	<input type="checkbox"/>	17	13	<input type="checkbox"/>	
32 Sept	<input type="checkbox"/>	<input type="checkbox"/>	17	13	<input type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>	18	14	<input type="checkbox"/>	
34 Nov	<input type="checkbox"/>	<input type="checkbox"/>	17	13	<input type="checkbox"/>	
35 Dec	<input type="checkbox"/>	<input type="checkbox"/>	18	14	<input 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			51	
37			52	
38			53	
39			54	
40			55	
41			56	
42			57	
43			58	
44			59	
45			60	
46			61	
47			62	
48			63	
49			64	
50			65	