

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) Will Company Two		2 Employer identification number (EIN) 26-5465465
3 Street address (including room or suite no.) 125 789		
4 City or town AKUTAN	5 State or province AK	6 Country and ZIP or foreign postal code 65465
7 Name of person to contact Pramod Kumar yadav Sr		8 Contact telephone number 2132446465
9 Name of Designated Government Entity (only if applicable) Pramod DGE		10 Employer identification number (EIN) 26-4564654
11 Street address (including room or suite no.) 456 465		
12 City or town ADONA	13 State or province AR	14 Country and ZIP or foreign postal code 21654
15 Name of person to contact Darshi Kumar Yadav Jr		16 Contact telephone number 5465454654

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18 Total number of Forms 1095-C submitted with this transmittal . . . . . ► 0

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

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member . . . . . ► 108

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 of C Title	► _____ Date
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**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 type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>	
<b>24</b> Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>25</b> Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>26</b> Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>27</b> Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>28</b> May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>29</b> June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>30</b> July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>31</b> Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>32</b> Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>33</b> Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>34</b> Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>35</b> Dec	<input type="checkbox"/>	<input type="checkbox"/>			<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 ravi group	26-5465465	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	