

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)		2 Employer identification number (EIN)	
3 Street address (including room or suite no.)			
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	
7 Name of person to contact		8 Contact telephone number	
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)	
11 Street address (including room or suite no.)			
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 . . . . . <input type="checkbox"/>			

**For Official Use Only**

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 . . . . . ☐**Part II ALE Member Information**

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

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				
<b>23</b> All 12 Months	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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		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	