

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) testing validations		2 Employer identification number (EIN) 34-5646576
3 Street address (including room or suite no.) address one address two		
4 City or town AMBOY	5 State or province CA	6 Country and ZIP or foreign postal code 65412
7 Name of person to contact Sandy Michael Ray Sr		8 Contact telephone number (654) 564-5465
9 Name of Designated Government Entity (only if applicable) Sandy DGE		10 Employer identification number (EIN) 62-1452114
11 Street address (including room or suite no.) Address One Address Two		
12 City or town ALTO	13 State or province GA	14 Country and ZIP or foreign postal code 54654
15 Name of person to contact Smith DGE Smith middle smith last Sr		16 Contact telephone number (545) 664-5645

**For Official Use Only**



17 Reserved . . . . . ☐

18 Total number of Forms 1095-C submitted with this transmittal . . . . . ► 2

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 . . . . . ► 47

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      ► Mr 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 checked="" type="checkbox"/>	<input type="checkbox"/>		2	<input type="checkbox"/>	
<b>24</b> Jan	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>25</b> Feb	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>26</b> Mar	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>27</b> Apr	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>28</b> May	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>29</b> June	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>30</b> July	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>31</b> Aug	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>32</b> Sept	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>33</b> Oct	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>34</b> Nov	<input type="checkbox"/>	<input type="checkbox"/>	2		<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 Sandy Group one	62-1445545	51	
37 test form	56-4654654	52	
38		53	
39		54	
40		55	
41		56	
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50		65	