

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

☐ CORRECTED

OMB No. 1545-2251

2016

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) Testing Non Employees		2 Employer identification number (EIN) 12-5891661	
3 Street address (including room or suite no.) 1 Testing Street Suite T			
4 City or town ABBEVILLE	5 State or province AL	6 Country and ZIP or foreign postal code 12345	8 Contact telephone number 6561619809
7 Name of person to contact Testing T Testing		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
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For Official Use Only



17 Reserved

18 Total number of Forms 1095-C submitted with this transmittal 3

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 3

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 _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 61571A

Form **1094-C** (2016)

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"/>	0	0	<input type="checkbox"/>	
25 Feb	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>	
26 Mar	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>	
28 May	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>	
29 June	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>	
30 July	<input type="checkbox"/>	<input type="checkbox"/>	1	1	<input type="checkbox"/>	
31 Aug	<input type="checkbox"/>	<input type="checkbox"/>	1	1	<input type="checkbox"/>	
32 Sept	<input type="checkbox"/>	<input type="checkbox"/>	1	1	<input type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>	1	1	<input type="checkbox"/>	
34 Nov	<input type="checkbox"/>	<input type="checkbox"/>	1	1	<input type="checkbox"/>	
35 Dec	<input type="checkbox"/>	<input type="checkbox"/>	1	1	<input type="checkbox"/>	

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	