

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) National Vinyl		2 Employer identification number (EIN) 61-6163060	
3 Street address (including room or suite no.) 1 Testing Road Apt T			
4 City or town ABBEVILLE	5 State or province AL	6 Country and ZIP or foreign postal code 12345	8 Contact telephone number 1234567890
7 Name of person to contact test t test			
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	
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18	Total number of Forms 1095-C submitted with this transmittal	74
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19	Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Part II ALE Member Information

20	Total number of Forms 1095-C filed by and/or on behalf of ALE Member	74
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21	Is ALE Member a member of an Aggregated ALE Group? If "No," do not complete Part IV.	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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22 Certifications of Eligibility (select all that apply):

<input type="checkbox"/> A. Qualifying Offer Method	<input checked="" type="checkbox"/> B. Reserved	<input type="checkbox"/> C. Section 4980H Transition Relief	<input type="checkbox"/> D. 98% Offer Method
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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
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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"/>	57	57	<input type="checkbox"/>	
25 Feb	<input type="checkbox"/>	<input type="checkbox"/>	56	56	<input type="checkbox"/>	
26 Mar	<input type="checkbox"/>	<input type="checkbox"/>	56	56	<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input type="checkbox"/>	61	61	<input type="checkbox"/>	
28 May	<input type="checkbox"/>	<input type="checkbox"/>	58	58	<input type="checkbox"/>	
29 June	<input type="checkbox"/>	<input type="checkbox"/>	61	61	<input type="checkbox"/>	
30 July	<input type="checkbox"/>	<input type="checkbox"/>	61	61	<input type="checkbox"/>	
31 Aug	<input type="checkbox"/>	<input type="checkbox"/>	63	63	<input type="checkbox"/>	
32 Sept	<input type="checkbox"/>	<input type="checkbox"/>	62	62	<input type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>	59	59	<input type="checkbox"/>	
34 Nov	<input type="checkbox"/>	<input type="checkbox"/>	59	59	<input type="checkbox"/>	
35 Dec	<input type="checkbox"/>	<input type="checkbox"/>	52	52	<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	