

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) Test Client James		2 Employer identification number (EIN) 66-6654666	
3 Street address (including room or suite no.) 123 Street			
4 City or town BEAR	5 State or province DE	6 Country and ZIP or foreign postal code 65465	8 Contact telephone number 6546546546
7 Name of person to contact Test James Max Sr		10 Employer identification number (EIN) 65-4654654	
9 Name of Designated Government Entity (only if applicable) James DGE			
11 Street address (including room or suite no.) 456 qwerty street			
12 City or town ALICIA	13 State or province AR	14 Country and ZIP or foreign postal code 64698	16 Contact telephone number 6546465454
15 Name of person to contact james DGE max Jr			

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17 Reserved	
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18 Total number of Forms 1095-C submitted with this transmittal	2
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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 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	110
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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 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
24 Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25 Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26 Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28 May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29 June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30 July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
31 Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
32 Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34 Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35 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 Group A	15-4654654	51	
37 Group B	25-6454654	52	
38 Group C	34-6545465	53	
39 Group D	44-6546546	54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	