

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

☐ CORRECTED

OMB No. 1545-2251

2016

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) Williams Insurance		2 Employer identification number (EIN) 67-6767676
3 Street address (including room or suite no.) 102 103		
4 City or town ALTA	5 State or province CA	6 Country and ZIP or foreign postal code 54654
7 Name of person to contact Williams Son Insure Jr		8 Contact telephone number (654) 564-5454
9 Name of Designated Government Entity (only if applicable) Ajith		10 Employer identification number (EIN) 56-5465656
11 Street address (including room or suite no.) lime street avenue		
12 City or town ALIX	13 State or province AR	14 Country and ZIP or foreign postal code 24654
15 Name of person to contact DGE anjith kumar yadav V		16 Contact telephone number (545) 465-4465

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 ► 102

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				
23 All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
24 Jan	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25 Feb	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26 Mar	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
28 May	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
29 June	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
30 July	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
31 Aug	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
32 Sept	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
34 Nov	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
35 Dec	<input type="checkbox"/>	<input checked="" 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 william	54-5454654	51	
37 test data	56-4646546	52	
38 test data 38	54-6546546	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	