

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 Medical data responsible 1		2 Employer identification number (EIN) 24-5654646	
3 Street address (including room or suite no.) 123 465			
4 City or town ACTON	5 State or province CO	6 Country and ZIP or foreign postal code 65465	
7 Name of person to contact Vamsi Krishna Yadav Sr		8 Contact telephone number 6546546546	
9 Name of Designated Government Entity (only if applicable) DGE Vamsi		10 Employer identification number (EIN) 65-4545646	
11 Street address (including room or suite no.) 123 465			
12 City or town ALCO	13 State or province AR	14 Country and ZIP or foreign postal code 46546	
15 Name of person to contact Vamsi Krishna Yadav Sr		16 Contact telephone number 4654546654	

For Official Use Only



17 Reserved	259
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18 Total number of Forms 1095-C submitted with this transmittal	259
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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	382
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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 checked="" type="checkbox"/> A. Qualifying Offer Method	<input type="checkbox"/> B. Reserved	<input checked="" type="checkbox"/> C. Section 4980H Transition Relief	<input checked="" 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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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"/>		1	<input checked="" 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 Test group One	14-5645656	51	
37 Test group two	24-6546565	52	
38 Test group three	34-6546546	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	