1094-C

Transmittal of Employer-Provided Health Insurance Offer and **Coverage Information Returns**

CORRECTED	

OMB No. 1545-2251



Department of the Treasury		coverage imormation returns	0	
Internal Revenue Service	► Information about Form 1094-	▶ Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c	ww.irs.gov/form1094c	
Part Applicable Large	Applicable Large Employer Member (ALE Member)	mber)		•
1 Name of ALE Member (Employer)			2 Employer identification number (EIN)	
Smart Oil Test			76-7546666	
3 Street address (including room or suite no.)	suite no.)			
18 Interchange Blvd Suite A	4			
4 City or town		5 State or province	6 Country and ZIP or foreign postal code	
AIKEN		SC	29607	
7 Name of person to contact			8 Contact telephone number	
Brian S Dunham			77777777	
9 Name of Designated Government Entity (only if applicable)	Entity (only if applicable)		10 Employer identification number (EIN)	
11 Street address (including room or suite no.)	suite no.)			For Official Use Only
12 City or town		13 State or province	14 Country and ZIP or foreign postal code	
15 Name of person to contact			16 Contact telephone number	
17 Reserved				
18 Total number of Forms 10	18 Total number of Forms 1095-C submitted with this transmittal	al		69 🛦
19 Is this the authoritative tra	19 Is this the authoritative transmittal for this ALE Member? If "Yes	Yes," check the box and continue. If "No," see instructions	f "No," see instructions	· · · · · · · · · · · · · · · · · · ·
Part II ALE Member Information	ormation			
20 Total number of Forms 10	20 Total number of Forms 1095-C filed by and/or on behalf of ALE	ILE Member		69
21 Is ALE Member a membe	21 Is ALE Member a member of an Aggregated ALE Group?			
If "No," do not complete Part IV.	Part IV.			
22 Certifications of Eligibility (select all that apply):	ty (select all that apply):			
A. Qualifying Offer Method	hod B. Reserved	C. Section 4980H Transition Relief	Relief D. 98% Offer Method	
Under penalties of perjury, I decla	re that I have examined this return and	accompanying documents, and to the be	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.	e, correct, and complete.

Title

Date

Form 10	Form 1094-C (2016) Part III ALE Member Information—Monthly	r Information—N	Nonthly				Page 2
		(a) Minimum Ess Offer In	(a) Minimum Essential Coverage Offer Indicator	(b) Section 4980H Full-Time	(c) Total Employee Count	(d) Aggregated	(e) Section 4980H
		Yes	ON	Elliployee Coulit for ALE Melliber		Group Illuicator	ransition Relief Indicator
23	All 12 Months	X					
24	Jan			69	67		
52	Feb			99	65		
56	Mar			65	64		
27	Apr			62	62		
28	Мау			61	61		
53	June			61	61		
30	July			58	58		
3	Aug			57	57		
32	Sept			58	57		
83	Oct			57	56		
8	Nov			56	55		
32	Dec			56	54		
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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	E	Name	EN S
36		51	
37		52	
38		53	
39		54	
40		55	
41		26	
42		57	
43		28	
4		59	
45		09	
46		61	
47		62	
48		63	
49		64	
50		65	
			0 7007

Form **1094-C** (2016)