

Transmittal of Employer-Provided Health Insurance
Coverage Information Returns

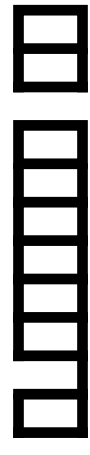
Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c

CORRECTED

Part I Applicable Large Employer Member (ALE Member)

| | | | |
|--|----------------------------|---|--|
| 1 Name of ALE Member (Employer) Sanjay Six | | 2 Employer identification number (EIN) 66-5446565 | |
| 3 Street address (including room or suite no.) 456 789 | | | |
| 4 City or town ANTHONY | 5 State or province FL | 6 Country and ZIP or foreign postal code 65465 | |
| 7 Name of person to contact Sanjay Sahu Roy Sr | | 8 Contact telephone number 5464646464 | |
| 9 Name of Designated Government Entity (only if applicable) Amit Sharma | | 10 Employer identification number (EIN) 12-3123123 | |
| 11 Street address (including room or suite no.) 456 456 | | | |
| 12 City or town APOLLO BEACH | 13 State or province FL | 14 Country and ZIP or foreign postal code 54646 | |
| 15 Name of person to contact DGE Amit DGE Sharma DGE Ji Sr | | 16 Contact telephone number 1231231323 | |

For Official Use Only



| | |
|-------------|--|
| 17 Reserved | |
|-------------|--|

| | |
|---|------|
| 18 Total number of Forms 1095-C submitted with this transmittal | 4999 |
|---|------|

| | |
|---|--|
| 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 | 5044 |
|---|------|

| | |
|---|--|
| 21 Is ALE Member a member of an Aggregated ALE Group? | |
|---|--|

If "No," do not complete Part IV.

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 |
|--|--------------------------------------|--|---|

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 |
|-----------|-------|------|

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"/> | 2399 | 2399 | <input type="checkbox"/> | |
| 25 Feb | <input type="checkbox"/> | <input type="checkbox"/> | 3000 | 3000 | <input type="checkbox"/> | |
| 26 Mar | <input type="checkbox"/> | <input type="checkbox"/> | 4550 | 4550 | <input type="checkbox"/> | |
| 27 Apr | <input type="checkbox"/> | <input type="checkbox"/> | 4999 | 4999 | <input type="checkbox"/> | |
| 28 May | <input type="checkbox"/> | <input type="checkbox"/> | 4999 | 4999 | <input type="checkbox"/> | |
| 29 June | <input type="checkbox"/> | <input type="checkbox"/> | 4999 | 4999 | <input type="checkbox"/> | |
| 30 July | <input type="checkbox"/> | <input type="checkbox"/> | 4999 | 4999 | <input type="checkbox"/> | |
| 31 Aug | <input type="checkbox"/> | <input type="checkbox"/> | 4999 | 4999 | <input type="checkbox"/> | |
| 32 Sept | <input type="checkbox"/> | <input type="checkbox"/> | 4999 | 4999 | <input type="checkbox"/> | |
| 33 Oct | <input type="checkbox"/> | <input type="checkbox"/> | 4999 | 4999 | <input type="checkbox"/> | |
| 34 Nov | <input type="checkbox"/> | <input type="checkbox"/> | 4999 | 4999 | <input type="checkbox"/> | |
| 35 Dec | <input type="checkbox"/> | <input type="checkbox"/> | 4999 | 4999 | <input type="checkbox"/> | |

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 One | 25-4645454 | 51 | |
| 37 Test data one | 54-6465465 | 52 | |
| 38 Test data two | 45-6464646 | 53 | |
| 39 Test data one | 45-4656546 | 54 | |
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| 46 | | 61 | |
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| 49 | | 64 | |
| 50 | | 65 | |