

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) newformgen		2 Employer identification number (EIN) 93-8234234
3 Street address (including room or suite no.) 1409 roper mountain rd Apt 342		
4 City or town GABLE	5 State or province SC	6 Country and ZIP or foreign postal code 29615
7 Name of person to contact Samapth k narayanan Jr		8 Contact telephone number 2342342342
9 Name of Designated Government Entity (only if applicable) test DGE		10 Employer identification number (EIN) 23-4213423
11 Street address (including room or suite no.) test dge 134		
12 City or town GABLE	13 State or province SC	14 Country and ZIP or foreign postal code 23423
15 Name of person to contact dge contact k dge last Jr		16 Contact telephone number 2342342342

For Official Use Only



17 Reserved ☐

18 Total number of Forms 1095-C submitted with this transmittal ► 120

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 ► 120

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 _____ ► Manager _____ ► Date _____
Title

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"/>	0	0	<input type="checkbox"/>	
25 Feb	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>	
26 Mar	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>	
28 May	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>	
29 June	<input type="checkbox"/>	<input type="checkbox"/>	0	0	<input type="checkbox"/>	
30 July	<input type="checkbox"/>	<input type="checkbox"/>	137	104	<input checked="" type="checkbox"/>	
31 Aug	<input type="checkbox"/>	<input type="checkbox"/>	134	104	<input checked="" type="checkbox"/>	
32 Sept	<input type="checkbox"/>	<input type="checkbox"/>	135	105	<input checked="" type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>	135	104	<input checked="" type="checkbox"/>	
34 Nov	<input type="checkbox"/>	<input type="checkbox"/>	135	106	<input type="checkbox"/>	
35 Dec	<input type="checkbox"/>	<input type="checkbox"/>	136	106	<input checked="" 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 adfadfadf	23-4234234	51	
37 adfasdfs	23-4234222	52	
38 adfaadf	22-2333232	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	