

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) Raghavendra Insurance		2 Employer identification number (EIN) 16-5464655
3 Street address (including room or suite no.) 123 street		
4 City or town ADAMSVILLE	5 State or province AZ	6 Country and ZIP or foreign postal code 26456
7 Name of person to contact Raghavendra Rao Insure Sr		8 Contact telephone number 5465465465
9 Name of Designated Government Entity (only if applicable) Raghu DGE		10 Employer identification number (EIN) 25-6465464
11 Street address (including room or suite no.) 123 street		
12 City or town ANDERSON	13 State or province AK	14 Country and ZIP or foreign postal code 55656
15 Name of person to contact Raj Kumar Chad Sr		16 Contact telephone number 2546556546

For Official Use Only



17 Reserved ☐

18 Total number of Forms 1095-C submitted with this transmittal ► 0

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 ► 123

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 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 checked="" type="checkbox"/>			<input 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 Group Name	65-5465654	51	
37 Group Two	24-6546546	52	
38 Group Three	35-6465465	53	
39 test	44-6465645	54	
40 test	55-7565756	55	
41 test	67-8686786	56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	