

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](http://www.irs.gov/form1094c)

CORRECTED

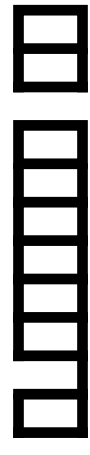
OMB No. 1545-2251

2016

Part I Applicable Large Employer Member (ALE Member)

|  |                            |   |  |
|--|----------------------------|---|--|
| 1 Name of ALE Member (Employer)<br>Sanju csv Test large data               |                            | 2 Employer identification number (EIN)<br>13-4546545  |  |
| 3 Street address (including room or suite no.)<br>456 789                  |                            |   |  |
| 4 City or town<br>ANTHONY  | 5 State or province<br>FL  | 6 Country and ZIP or foreign postal code<br>65465     |  |
| 7 Name of person to contact<br>Sanjay Sahu Roy Sr                          |                            | 8 Contact telephone number<br>5464646464              |  |
| 9 Name of Designated Government Entity (only if applicable)<br>Amit Sharma |                            | 10 Employer identification number (EIN)<br>12-3123123 |  |
| 11 Street address (including room or suite no.)<br>456 456                 |                            |   |  |
| 12 City or town<br>APOLLO BEACH  | 13 State or province<br>FL | 14 Country and ZIP or foreign postal code<br>54646    |  |
| 15 Name of person to contact<br>DGE Amit DGE Sharma DGE Ji Sr              |                            | 16 Contact telephone number<br>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                       |   |   |                                     |   |
| <b>23</b> All 12 Months | <input checked="" type="checkbox"/>            | <input type="checkbox"/> |   |   | <input checked="" type="checkbox"/> |   |
| <b>24</b> Jan           | <input type="checkbox"/>                       | <input type="checkbox"/> | 2399  | 2399                                    | <input type="checkbox"/>            |   |
| <b>25</b> Feb           | <input type="checkbox"/>                       | <input type="checkbox"/> | 3000  | 3000                                    | <input type="checkbox"/>            |   |
| <b>26</b> Mar           | <input type="checkbox"/>                       | <input type="checkbox"/> | 4550  | 4550                                    | <input type="checkbox"/>            |   |
| <b>27</b> Apr           | <input type="checkbox"/>                       | <input type="checkbox"/> | 4999  | 4999                                    | <input type="checkbox"/>            |   |
| <b>28</b> May           | <input type="checkbox"/>                       | <input type="checkbox"/> | 4999  | 4999                                    | <input type="checkbox"/>            |   |
| <b>29</b> June          | <input type="checkbox"/>                       | <input type="checkbox"/> | 4999  | 4999                                    | <input type="checkbox"/>            |   |
| <b>30</b> July          | <input type="checkbox"/>                       | <input type="checkbox"/> | 4999  | 4999                                    | <input type="checkbox"/>            |   |
| <b>31</b> Aug           | <input type="checkbox"/>                       | <input type="checkbox"/> | 4999  | 4999                                    | <input type="checkbox"/>            |   |
| <b>32</b> Sept          | <input type="checkbox"/>                       | <input type="checkbox"/> | 4999  | 4999                                    | <input type="checkbox"/>            |   |
| <b>33</b> Oct           | <input type="checkbox"/>                       | <input type="checkbox"/> | 4999  | 4999                                    | <input type="checkbox"/>            |   |
| <b>34</b> Nov           | <input type="checkbox"/>                       | <input type="checkbox"/> | 4999  | 4999                                    | <input type="checkbox"/>            |   |
| <b>35</b> Dec           | <input type="checkbox"/>                       | <input type="checkbox"/> | 4999  | 4999                                    | <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 One   | 25-4645454 | 51   |     |
| 37 Group Two   | 26-5465465 | 52   |     |
| 38 Group Three | 35-4654655 | 53   |     |
| 39 Group Four  | 45-6465454 | 54   |     |
| 40             |            | 55   |     |
| 41             |            | 56   |     |
| 42             |            | 57   |     |
| 43             |            | 58   |     |
| 44             |            | 59   |     |
| 45             |            | 60   |     |
| 46             |            | 61   |     |
| 47             |            | 62   |     |
| 48             |            | 63   |     |
| 49             |            | 64   |     |
| 50             |            | 65   |     |