

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) Form Generation Test 26		2 Employer identification number (EIN) 34-5646576	
3 Street address (including room or suite no.) address one address two			
4 City or town AMBOY	5 State or province CA	6 Country and ZIP or foreign postal code 65412	
7 Name of person to contact Sandy Michael Ray Sr		8 Contact telephone number 6545645465	
9 Name of Designated Government Entity (only if applicable) Sandy DGE		10 Employer identification number (EIN) 62-1452114	
11 Street address (including room or suite no.) Address One Address Two			
12 City or town ALTO	13 State or province GA	14 Country and ZIP or foreign postal code 54654	
15 Name of person to contact Smith DGE Smith middle smith last Sr		16 Contact telephone number 5456645645	

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17 Reserved	
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18 Total number of Forms 1095-C submitted with this transmittal	2
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19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member	47
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21 Is ALE Member a member of an Aggregated ALE Group? If "No," do not complete Part IV.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 61571A

Form 1094-C (2016)

**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"/>		2	<input type="checkbox"/>	
<b>24</b> Jan	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>25</b> Feb	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>26</b> Mar	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>27</b> Apr	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>28</b> May	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>29</b> June	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>30</b> July	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>31</b> Aug	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>32</b> Sept	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>33</b> Oct	<input type="checkbox"/>	<input type="checkbox"/>	5		<input type="checkbox"/>	
<b>34</b> Nov	<input type="checkbox"/>	<input type="checkbox"/>	2		<input type="checkbox"/>	
<b>35</b> 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 Sandy Group one	62-1445545	51	
37		52	
38		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	