

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

120116
OMB No. 1545-2251

2015

Part I Applicable Large Employer Member (ALE Member)

| | | |
|---|------------------------------------|---|
| 1 Name of ALE Member (Employer) Other Company | | 2 Employer identification number (EIN) 2341234 |
| 3 Street address (including room or suite no.) 123 main st. | | |
| 4 City or town Provo | 5 State or province Utah | 6 Country and ZIP or foreign postal code 84037 |
| 7 Name of person to contact | | 8 Contact telephone number |
| 9 Name of Designated Government Entity (only if applicable) | | 10 Employer identification number (EIN) 2341234 |
| 11 Street address (including room or suite no.) | | |
| 12 City or town | 13 State or province | 14 Country and ZIP or foreign postal code |
| 15 Name of person to contact | | 16 Contact telephone number |

For Official Use Only



17 Reserved ☐

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

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 ►

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. Qualifying Offer Method Transition Relief** ☐ **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) 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 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 | | 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 | |