750776

Form **1094-C**

Department of the Treasury

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

CORRECTED

OMB No. 1545-2251

▶ Information about Form 1094-C and its separate instructions is at www.irs.gov/form1094c

Internal Revenue Service	► Information about Form 1094-C and	l its separate instructions is a	at www.irs.gov/form1094c	
Part I Applicable Lai	rge Employer Member (ALE Membe	r)		
1 Name of ALE Member (Employ	ver)		2 Employer identification number (EIN)	
new poop				
3 Street address (including room	or suite no.)			
4 City or town		5 State or province	6 Country and ZIP or foreign postal code	
7 Name of person to contact			8 Contact telephone number	
Name of Designated Government	ant Entity (and if amplicable)		10 Employer identification number (EIN)	
9 Name of Designated Governme	ent Entity (only if applicable)		To Employer Identification number (EIN)	
11 Street address (including room	or suite no)			
TT Officer address (moldaling room	roi suite no.,			For Official Use Only
12 City or town		13 State or province	14 Country and ZIP or foreign postal code	-
,		,	, , , , , , , , , , , , , , , , , , , ,	n
15 Name of person to contact			16 Contact telephone number	
17 Reserved				
18 Total number of Forms	1095-C submitted with this transmittal .			<u> ▶</u>
10 le this the authoritative	transmittal for this ALE Member? If "Yes,"	check the box and continu	a If "No " saa instructions	
		Check the box and continu	e. II No, see instructions	
Part II ALE Member I	Information			
OO Tatal was been of Former	1005 C filed by and/ay an habelf of ALEA	A a mada a m		_
20 Total number of Forms	1095-C filed by and/or on behalf of ALE N	iember		· · · · · · •
Od Ja Al E Marrahay a marra	have of an Annuare to d. A. F. Overver			Yes No
21 is ale Member a mem	ber of an Aggregated ALE Group?			L_Yes L_No
If "No," do not complet	te Part IV.			
22 Certifications of Eligib	pility (select all that apply):			
•				
A. Qualifying Offer M	1ethod B. Qualifying Offer Me	thod Transition Relief	C. Section 4980H Transition R	elief D. 98% Offer Method
			_	
Under penalties of perjury, I dec	clare that I have examined this return and accor	npanying documents, and to the	ne best of my knowledge and belief, they are	true, correct, and complete.
		_)	\	
Signature		Title		Date

Part	Part III ALE Member Information — Monthly							
		Offer In	sential Coverage ndicator	(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							
24	Jan							
25	Feb							
26	Mar							
27	Apr							
28	May							
29	June							
30	July							
31	Aug							
32	Sept							
33	Oct							
34	Nov							
35	Dec							

Page 3

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	