Form 1094-C

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

\sim		\sim τ	
(.()	RRE	-(. 1	⊢ı)

OMB No. 1545-2251

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1094C for instructions and the latest information.

internal nevertue Service			
Part I Applicable Large Employer Member (ALE M	/lember)		•
1 Name of ALE Member (Employer)		2 Employer identification number (EIN)	
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 Entity (only if applicable)		10 Employer identification number (EIN)	
• Name of Designated Government Entity (only if applicable)		To employer identification number (EIN)	
11 Street address (including room or suite no.)			
			For Official Use Only
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	
To Thaile of possibility contact			
47 Decembed		·	
17 Reserved			
18 Total number of Forms 1095-C submitted with this transr	nittal		
19 Is this the authoritative transmittal for this ALE Member?	If "Yes," check the box and continu	ue. 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		
20 Total number of Forms 1093-C flied by and/or off behalf	JI ALL 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):			
22 Certifications of Eligibility (select all triat apply).			
A. Qualifying Offer Method B. Reser	ved C. Re	eserved D.	98% Offer Method
	_		
Under penalties of perjury, I declare that I have examined this return a	and accompanying documents, and to t	he best of my knowledge and belief, they are	e true, correct, and complete.
Signature	 Title		Date

Form 1094-C (2023)

Part II	ALE Membe	er Information — N	f lonthly				
		(a) Minimum Ess Offer Ir	sential Coverage adicator	(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		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						

Form 1094-C (2023)

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	

Form **1094-C** (2023)