Form 1094-B	Transmittal of Health Coverage Information Returns			OMB No. 1545-2252
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1094B fo	Go to www.irs.gov/Form1094B for instructions and the latest information.		
1 Filer's name		2 Employer identification number (EIN)		
3 Name of person to contact		4 Contact telephone number		
5 Street address (including room or suite no	b.) 6 City or to	bwn	For Of	ficial Use Only
7 State or province	8 Country	8 Country and ZIP or foreign postal code		
9 Total number of Forms 1095-B subr	nitted with this transmittal			
	I have examined this return and accompanying docume	·	ey are true, correct, and	d complete.

Signature	Title	Date
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	Cat. No. 61570P	Form 1094-B (2023)

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