

Form **1094-B**

Department of the Treasury
Internal Revenue Service

Transmittal of Health Coverage Information Returns

► Information about Form 1094-B and its separate instructions is at www.irs.gov/form1094b.

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OMB No. 1545-2252

2015

| | | | |
|--|--|--|--|
| 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.) | | 6 City or town | |
| 7 State or province | | 8 Country and ZIP or foreign postal code | |
| 9 Total number of Forms 1095-B submitted with this transmittal ► | | | |

For Official Use Only


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 |
|----------------------|------------------|-----------------|