

Form **1094-B**Department of the Treasury  
Internal Revenue Service**Transmittal of Health Coverage Information Returns**

OMB No. 1545-2252

**2015**► Information about Form 1094-B and its separate instructions is at [www.irs.gov/form1094b](http://www.irs.gov/form1094b).

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