Scenario 8C-0

Version A, Cycle 3

1116

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.***

OMB No. 1545-2252

2016

1 Filer's name Patttesteight Medicare	**2** Employer identification number (EIN) 000000810
3 Name of person to contact Elizabeth Santanova	**4** Contact telephone number 5556332273
5 Street address (including room or suite no.) 65 Willow Lane	**6** City or town Baltimore
7 State or province MD	**8** Country and ZIP or foreign postal code 21244
9 Total number of Forms 1095-B submitted with this transmittal . . . . . ▶	1

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

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 61570P

Form **1094-B** (2016)