

Test Scenario 6C-0

Form **1094-B**

**Transmittal of Health Coverage Information Returns**

OMB No. 1545-2252

Department of the Treasury  
Internal Revenue Service

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

**2016**

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