


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		2 Employer identification number (EIN)	For Official Use Only 
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 ►			

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)