

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

OMB No. 1545-2252

2019► Go to www.irs.gov/Form1094B for instructions and the latest information.

1 Filer's name Hidetestone		2 Employer identification number (EIN) 000000151	
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7 State or province NY		8 Country and ZIP or foreign postal code 10023	
9 Total number of Forms 1095-B submitted with this transmittal ►			2

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