

Form **1095-B**Department of the Treasury
Internal Revenue Service**Health Coverage**

▶ Do not attach to your tax return. Keep for your records.

▶ Go to www.irs.gov/Form1095B for instructions and the latest information.☐ VOID☒ CORRECTED

OMB No. 1545-2252

2019**Part I Responsible Individual**

1 Name of responsible individual—First name, middle name, last name Maria		2 Social security number (SSN) or other TIN Nichols 000000601	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 1724 Hurst Street	5 City or town San Marcos	6 State or province TX	7 Country and ZIP or foreign postal code 78666
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): <input checked="" type="checkbox"/> C			

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name		11 Employer identification number (EIN)	
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name Parktestsix Medicaid		17 Employer identification number (EIN) 000000631	18 Contact telephone number 5554052543
19 Street address (including room or suite no.) 65 Health Avenue	20 City or town Austin	21 State or province TX	22 Country and ZIP or foreign postal code 78741

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
						Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 Jane		Nichols		2019-09-05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24 Maria		Nichols	000000601		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Max		Nichols	000000602		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of responsible individual—First name, middle name, last name

Social security number (SSN) or other TIN

Date of birth (if SSN or other TIN is not available)

Part IV Covered Individuals – Continuation Sheet

[illegible]