

Form **1094-C**Department of the Treasury
Internal Revenue Service**Transmittal of Employer-Provided Health Insurance Offer and
Coverage Information Returns**☐ CORRECTED

OMB No. 1545-2251

2020► Go to www.irs.gov/Form1094C for instructions and the latest information.**Part I Applicable Large Employer Member (ALE Member)**

1 Name of ALE Member (Employer) Selitestthree		2 Employer identification number (EIN) 000000301
3 Street address (including room or suite no.) 6689 Willow Court		
4 City or town Beverly Hills	5 State or province CA	6 Country and ZIP or foreign postal code 90211
7 Name of person to contact Rose Lincoln		8 Contact telephone number 5559876543
9 Name of Designated Government Entity (only if applicable) Selitestthree State Government		10 Employer identification number (EIN) 000000302
11 Street address (including room or suite no.) 1155 Alder Avenue		
12 City or town Sacramento	13 State or province CA	14 Country and ZIP or foreign postal code 94203
15 Name of person to contact Sam Castle		16 Contact telephone number 5551115555

For Official Use Only**17** Reserved ☐**18** Total number of Forms 1095-C submitted with this transmittal ► 1**19** Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions ☒**Part II ALE Member Information****20** Total number of Forms 1095-C filed by and/or on behalf of ALE Member ► 455**21** Is ALE Member a member of an Aggregated ALE Group? ☒ Yes ☐ No

If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):
☐ **A. Qualifying Offer Method**
☐ **B. Reserved**
☐ **C. Reserved**
☐ **D. 98% Offer Method**

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.

► _____ Title
Signature

► _____ Date

Part III ALE Member Information—Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>	312	351	<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>	312	352	<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>	315	358	<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>	320	365	<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>	322	369	<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>	325	376	<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>	329	372	<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>	333	369	<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>	341	366	<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>	344	363	<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>	361	377	<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>	372	385	<input type="checkbox"/>	

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36 Selitestthree Subsidiary One	000000302	51	
37 Selitestthree Subsidiary Two	000000303	52	
38 Selitestthree Subsidiary Three	000000304	53	
39 Selitestthree Subsidiary Four	000000305	54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	