

Scenario 1-0

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Form **1094-B**

Department of the Treasury
Internal Revenue Service

Transmittal of Health Coverage Information Returns

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

OMB No. 1545-2252

2020

1 Filer's name Hidetestone		2 Employer identification number (EIN) 000000151	
3 Name of person to contact Bertha Logan		4 Contact telephone number 5551352468	
5 Street address (including room or suite no.) 975 Adler Lane Suite 312		6 City or town New York	
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 _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 61570P

Form **1094-B** (2020)