

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

OMB No. 1545-2252

2015► Information about Form 1094-B and its separate instructions is at www.irs.gov/form1094b.

1 Filer's name		2 Employer identification number (EIN)	
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 ►			

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