

Test Scenario 6C-0

1116

Form **1094-B**

Department of the Treasury
Internal Revenue Service

Transmittal of Health Coverage Information Returns

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

OMB No. 1545-2252

2016

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
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