

Form **1094-C**
Department of the Treasury
Internal Revenue Service

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns
Go to www.irs.gov/Form1094C for instructions and the latest information.

☐ CORRECTED

OMB No. 1545-2251
2025

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) 5.8 in		2 Employer identification number (EIN) 1.70 in	
3 Street address (including room or suite no.) ↓ .33 in			
4 City or town ↓ .50 in		5 State or province 1.80 in	
		6 Country and ZIP or foreign postal code	
7 Name of person to contact		8 Contact telephone number	
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)	
11 Street address (including room or suite no.)			
12 City or town		13 State or province	
		14 Country and ZIP or foreign postal code	
15 Name of person to contact		16 Contact telephone number	

1.79 in
For Official Use Only
2.16 in



17 Reserved ☐

18 Total number of Forms 1095-C submitted with this transmittal

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

21 Is ALE Member a member of an Aggregated ALE Group? ☐ Yes ☐ No
If "No," do not complete Part IV.
↓ .67 in

22 Certifications of Eligibility (select all that apply):

2.41 in		1.93 in		2.13 in	
<input type="checkbox"/> A. Qualifying Offer Method	<input type="checkbox"/> B. Reserved	<input type="checkbox"/> C. Reserved	<input type="checkbox"/> 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.

Signature Title Date

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

Cat. No. 61571A

Form **1094-C** (2025) Created 5/21/25

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