

Form **1095-B**Department of the Treasury  
Internal Revenue Service**Health Coverage**

Do not attach to your tax return. Keep for your records.

Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.☐ VOID☐ CORRECTED

OMB No. 1545-2252

**2024****Part I Responsible Individual**

|  |                                 |   |   |
|--|---------------------------------|---|---|
| <b>1</b> Name of responsible individual—First name, middle name, last name<br>Vicky                              |                                 | <b>2</b> Social security number (SSN) or other TIN<br>000000211 | <b>3</b> Date of birth (if SSN or other TIN is not available) |
| <b>4</b> Street address (including apartment no.)<br>2255 Oak Avenue   | <b>5</b> City or town<br>Dublin | <b>6</b> State or province<br>OH                                | <b>7</b> Country and ZIP or foreign postal code<br>43016      |
| <b>8</b> Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . <b>A</b> |                                 |   |   |

**Part II Information About Certain Employer-Sponsored Coverage** (see instructions)

|   |                                       |   |   |
|---|---------------------------------------|---|---|
| <b>10</b> Employer name<br>Workshoptwo                                    |                                       | <b>11</b> Employer identification number (EIN)<br>000000250 |   |
| <b>12</b> Street address (including room or suite no.)<br>1095 Cedar Lane | <b>13</b> City or town<br>Westerville | <b>14</b> State or province<br>OH                           | <b>15</b> Country and ZIP or foreign postal code<br>43081 |

**Part III Issuer or Other Coverage Provider** (see instructions)

|  |                                      |   |   |
|--|--------------------------------------|---|---|
| <b>16</b> Name<br>Hidetestone  |                                      | <b>17</b> Employer identification number (EIN)<br>000000151 | <b>18</b> Contact telephone number<br>5555372511          |
| <b>19</b> Street address (including room or suite no.)<br>2277 Holly Place | <b>20</b> City or town<br>Washington | <b>21</b> State or province<br>DC                           | <b>22</b> Country and ZIP or foreign postal code<br>20022 |

**Part IV Covered Individuals** (Enter the information for each covered individual.)

| (a) Name of covered individual(s)<br>First name, middle initial, last name |          | (b) SSN or other TIN | (c) DOB (if SSN or other TIN is not available) | (d) Covered all 12 months | (e) Months of coverage              |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                          |                          |                          |
|--|----------|----------------------|--|---------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |          |                      |  |                           | Jan                                 | Feb                                 | Mar                                 | Apr                                 | May                                 | Jun                                 | Jul                                 | Aug                                 | Sep                                 | Oct                      | Nov                      | Dec                      |
| <b>23</b> Vicky  | Willhelm | 000000211            |  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>24</b> Fred   | Willhelm | 000000212            |  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>25</b>  |          |                      |  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>26</b>  |          |                      |  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>27</b>  |          |                      |  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>28</b>  |          |                      |  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |   |  |
|---|---|--|
| Name of responsible individual—First name, middle name, last name | Social security number (SSN) or other TIN | Date of birth (if SSN or other TIN is not available) |
|---|---|--|

**Part IV** Covered Individuals — Continuation Sheet

| (a) Name of covered individual(s)<br>First name, middle initial, last name |  |  | (b) SSN or other TIN | (c) DOB (if SSN or other<br>TIN is not available) | (d) Covered<br>all 12 months | (e) Months of coverage   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--|--|----------------------|---|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |  |  |                      |   |                              | Jan                      | Feb                      | Mar                      | Apr                      | May                      | Jun                      | Jul                      | Aug                      | Sep                      | Oct                      | Nov                      | Dec                      |
| 29   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40   |  |  |                      |   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |