

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

20**25**

1 Filer's name Hidetestone		2 Employer identification number (EIN) 000000151
3 Name of person to contact Fred Lincoln		4 Contact telephone number 5555550001
5 Street address (including room or suite no.) 2277 Holly Place	6 City or town Washington	
7 State or province DC	8 Country and ZIP or foreign postal code 20022	
9 Total number of Forms 1095-B submitted with this transmittal		2



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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DRAFT — DO NOT FILE

DRAFT — DO NOT FILE