

# Scenario 2C-0

110116

Form **1094-B**

Department of the Treasury  
Internal Revenue Service

## Transmittal of Health Coverage Information Returns

OMB No. 1545-2252

**2018**

► Go to [www.irs.gov/Form1094B](http://www.irs.gov/Form1094B) for instructions and the latest information.

|  |  |  |  |
|--|--|--|--|
| 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

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

Cat. No. 61570P

Form **1094-B** (2018)