

Form **1094-B**

## Transmittal of Health Coverage Information Returns

OMB No. 1545-2252

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form1094B](https://www.irs.gov/Form1094B) for instructions and the latest information.20**23**

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