

Form **1094-B**

Transmittal of Health Coverage Information Returns

OMB No. 1545-2252

Department of the Treasury
Internal Revenue Service

▶ Information about Form 1094-B and its separate instructions is at www.irs.gov/form1094b.

2014

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 ▶	

Internal Use Only
Draft As Of
August 6, 2014



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