Form 1094-B

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

Transmittal of Health Coverage Information Returns

OMB No. 1545-2252

2017

Form **1094-B** (2017)

Department of the Treasury Internal Revenue Service

► Go to 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	For Official Use Only
7 State or province	8 Country and ZIP or foreign postal code	пппппп
9 Total number of Forms 1095-B submitted with this transmittal		
Under penalties of perjury, I declare that I have examined this return and accompa	anying documents, and to the best of my knowledge and belief, they	y are true, correct, and complete.
Signature	Title	Date

Cat. No. 61570P