

Form **1094-B**

**Transmittal of Health Coverage Information Returns**

OMB No. 1545-2252

Department of the Treasury  
Internal Revenue Service

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

**2017**

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 . . . . . ▶			



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