

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.

**2019**

<b>1</b> Filer's name		<b>2</b> Employer identification number (EIN)	
<b>3</b> Name of person to contact		<b>4</b> Contact telephone number	
<b>5</b> Street address (including room or suite no.)		<b>6</b> City or town	
<b>7</b> State or province		<b>8</b> Country and ZIP or foreign postal code	
<b>9</b> 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