Scenario 1-0

**Transmittal of Health Coverage Information Returns** 

110116

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1094B for instructions and the latest information.

Internal Heverlae Colvide				
1 Filer's name	AND		2 Employer identification number (EIN)	E
3 Name of person to contact			4 Contact telephone number	_
5 Street address (including room or s	uite no.)	6 City or town	RAF	For Official Use Only
7 State or province		8 Country and ZIP or for	eign postal code	
9 Total number of Forms 1095-B	submitted with this transmittal		2025	
Under penalties of perjury, I declare	that I have examined this return and accompan	ying documents, and to t	he best of my knowledge and belief, they	are true, correct, and complete.
Signature	<del>-D0 1</del>	Title	FILE	Date
For Privacy Act and Panerwork R	eduction Act Notice, see senarate instruction		Cat No. 61570P	Form <b>1094-B</b> (2023

Cat. No. 61570F