

Form **1094-B**

Department of the Treasury  
Internal Revenue Service

**Transmittal of Health Coverage Information Returns**

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

OMB No. 1545-2252

**2023**

<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
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