



7777-1  
DWMR

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

Fold  
Here

Form **1095-B**

Department of the Treasury  
Internal Revenue Service

**Health Coverage**

Do not attach to your tax return. Keep for your records.

Go to [www.irs.gov/Form1095B](https://www.irs.gov/Form1095B) for instructions and the latest information.

☐ VOID

☐ CORRECTED

**Part I Responsible Individual**

|   |   |  |
|---|---|--|
| 1 Name of responsible individual—First name, middle name, last name | 2 Social security number (SSN) or other TIN | 3 Date of birth (if SSN or other TIN is not available) |
| 4 Street address (including apartment no.)                          | 5 City or town                              | 6 State or province                                    |
| 7 Country and ZIP or foreign postal code                            | 8 Reserved                                  |  |

**Part II Information About Certain Employer-Sponsored Coverage** (see instructions)

|   |   |
|---|---|
| 10 Employer name                                | 11 Employer identification number (EIN)   |
| 12 Street address (including room or suite no.) | 13 City or town                           |
| 14 State or province                            | 15 Country and ZIP or foreign postal code |

**Part III Issuer or Other Coverage Provider** (see instructions)

|   |   |                             |
|---|---|-----------------------------|
| 16 Name   | 17 Employer identification number (EIN) | 18 Contact telephone number |
| 19 Street address (including room or suite no.) | 20 City or town                         | 21 State or province        |
| 22 Country and ZIP or foreign postal code       |   |                             |

**Part IV Covered Individuals** (Enter the information for each covered individual.)

| (a) Name of covered individual(s)<br>First name, middle initial, last name | (b) SSN or other TIN | (c) DOB (if SSN or other TIN is not available) | (d) Covered all 12 months | (e) Months of coverage   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|----------------------|--|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |                      |  |                           | Jan                      | Feb                      | Mar                      | Apr                      | May                      | Jun                      | Jul                      | Aug                      | Sep                      | Oct                      | Nov                      | Dec                      |                          |
| 23   |                      |  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24   |                      |  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25   |                      |  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26   |                      |  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27   |                      |  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28   |                      |  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RAA #1607 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

41-0852411

1095B

Form **1095-B** (2023)

AFFORDABLE CARE ACT

COMPLYRIGHT

2023

ACA  
SOFTWARE

Complete,  
Print & E-File\*  
IRS-Compliant  
Forms:

1094-B  
1094-C  
1095-B  
1095-C