7777-1 **DWMR** IMPORTANT TAX RETURN DOCUMENT ENCLOSED

Do not attach to your fax. return. Keep for your records. Information of the Teasury Internal Revenue Service Co to www.irs.gov/Form1095B for instructions and the latest information.
Do not attach to your fax return. Keep for your records. Go to www.irs.gov/Form1095B for instructions and the latest information. 1 Name of responsible Individual 1 Name of responsible Individual 2 Social security number (SSN) or other TIN 3 Date of birth (if SSN or other TIN 4 Street address (including apartment no) 5 City or town 6 State or province 7 Country and ZIP or foreign and the latest information for codes):
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8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):
Part III Information About Certain Employer-Sponsored Coverage (see instructions) 11 Employer identification r 12 Street address (including room or suite no.) 13 City or town 14 State or province 15 Country and ZIP or forei 16 Name 17 Employer identification number (EIN) 18 Contact telephone numb 19 Street address (including room or suite no.) 20 City or town 21 State or province 22 Country and ZIP or forei 23 Employer identification number (EIN) 24 Employer identification number (EIN) 25 Employer identification number (EIN) 26 Employer identification number (EIN) 27 Employer identification number (EIN) 28 Employer identification number (EIN) 29 Employer identification number (EIN) 20 City or town 21 State or province 22 Country and ZIP or forei 23 Employer identification number (EIN) 24 Employer identification number (EIN) 25 Employer identification number (EIN) 26 Employer identification number (EIN) 27 Employer identification number (EIN) 28 Employer identification number (EIN) 29 Employer identification number (EIN) 20 Employer identification number (EIN) 20 Employer identification number (EIN) 21 Employer identification number (EIN) 21 Employer identification number (EIN) 22 Country and ZIP or forei 23 Employer identification number (EIN) 24 Employer identification number (EIN) 25 Employer identification number (EIN) 26 Employer identification number (EIN) 27 Employer identification number (EIN) 28 Employer identification number (EIN) 29 Employer identification number (EIN) 20 Employer identification number (EIN) 20 Employer identification number (EIN) 20 Employer identification number (EIN) 21 Employer identification number (EIN) 22 Country and ZIP or forei 23 Employer identification number (EIN) 24 Employer identification number (EIN) 25 Employer identification number (EIN) 25 Employer identification number (EIN) 26 Employer identification number (EIN) 27 Employer identification number (EIN) 27 Employer identification number (EIN) 28 Employer identifi
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