Form **1094-C**

Department of the Treasury
Internal Revenue Service

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

▶ **Information about Form 1094-C and its separate instructions is at *www.irs.gov/f1094c*.**

CorrectedInd ☐ CORRECTED

120115

OMB No. 1545-2251

TaxYr **2014**

EmployerInformationGrp

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) BusinessNameLine1Txt, BusinessNameLine2Txt		**2** Employer identification number (EIN) EmployerEIN
3 Street address (including room or suite no.) AddressLine1Txt, AddressLine2Txt		
4 City or town CityNm	**5** State or province USStateCd or ForeignProvinceNm	**6** Country and ZIP or foreign postal code USZIPCd, USZIPExtensionCd or {CountryCd, CountryName}, ForeignPostalCd
7 Name of person to contact PersonFirstNm, PersonMiddleNm, PersonLastNm, SuffixNm		**8** Contact telephone number ContactPhoneNum

GovtEntityEmployerInfoGrp

9 Name of Designated Government Entity (only if applicable) BusinessNameLine1Txt, BusinessNameLine2Txt		**10** Employer identification number (EIN) EmployerEIN
11 Street address (including room or suite no.) AddressLine1Txt, AddressLine2Txt		
12 City or town CityNm	**13** State or province USStateCd or ForeignProvinceNm	**14** Country and ZIP or foreign postal code USZIPCd, USZIPExtensionCd or {CountryCd, CountryName}, ForeignPostalCd
15 Name of person to contact PersonFirstNm, PersonMiddleNm, PersonLastNm, SuffixNm		**16** Contact telephone number ContactPhoneNum

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18 Total number of Forms 1095-C submitted with this transmittal . . . . . Form1095CAttachedCnt ▶

Part II ALE Member Information

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions . . . . . AuthoritativeTransmittalInd ☐

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member . . . . . TotalForm1095CALEMemberCnt ▶

21 Is ALE Member a member of an Aggregated ALE Group? . . . . . AggregatedGroupMemberInd ☐ **Yes** ☐ **No**

If "No," do not complete Part IV.

22 Certifications of Eligibility (select all that apply):

☐ QualifyingOfferMethodInd **A.** Qualifying Offer Method

☐ QlfyOfferMethodTrnstReliefInd **B.** Qualifying Offer Method Transition Relief

☐ Section4980HReliefInd **C.** Section 4980H Transition Relief

☐ NinetyEightPctOfferMethodInd **D.** 98% Offer Method

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.

▶ JuratSignaturePIN
Signature

▶ PersonTitleTxt
Title

▶ SignatureDt
Date

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

Cat. No. 61571A

Form **1094-C** (2014)

ALEMemberInformationGrp

Part III **ALE Member Information—Monthly**

	(a) Minimum Essential Coverage Offer Indicator		(b) Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Section 4980H Transition Relief Indicator
	Yes	No				
23 All 12 Months YearlyALEMemberDetail	☐	☐			☐	
24 Jan JanALEMonthlyInfoGrp	☐	☐			☐	
25 Feb FebALEMonthlyInfoGrp	☐	☐			☐	
26 Mar MarALEMonthlyInfoGrp	☐	☐			☐	
27 Apr AprALEMonthlyInfoGrp	☐	☐			☐	
28 May MayALEMonthlyInfoGrp	☐	☐			☐	
29 June JunALEMonthlyInfoGrp	☐	☐			☐	
30 July JulALEMonthlyInfoGrp	☐	☐			☐	
31 Aug AugALEMonthlyInfoGrp	☐	☐			☐	
32 Sept SeptALEMonthlyInfoGrp	☐	☐			☐	
33 Oct OctALEMonthlyInfoGrp	☐	☐			☐	
34 Nov NovALEMonthlyInfoGrp	☐	☐			☐	
35 Dec DecALEMonthlyInfoGrp	☐	☐			☐	

MinEssentialCvrOffrInd

ALEMemberFTECnt

TotalEmployeeCnt

AggregatedGroupInd

ALESect4980HTrnstReliefCd

Part IV **Other ALE Members of Aggregated ALE Group**

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36 BusinessNameLine1Txt, BusinessNameLine2Txt	EIN	51 BusinessNameLine1Txt, BusinessNameLine2Txt	EIN
37		52	
38		53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	