

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

2024



Form 1094-B (Rev. 2024) Catalog Number 72196X
Department of the Treasury **Internal Revenue Service** www.irs.gov



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20**24**

1 Filer's name		2 Employer identification number (EIN)
3 Name of person to contact		4 Contact telephone number
5 Street address (including room or suite no.)	6 City or town	
7 State or province	8 Country and ZIP or foreign postal code	
9 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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