

Form **1094-B**

Transmittal of Health Coverage Information Returns

OMB No. 1545-2252

2024

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form1094B](https://www.irs.gov/Form1094B) for instructions and the latest information.

1 Filer's name Hidetestone		2 Employer identification number (EIN) 000000151	
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5 Street address (including room or suite no.) 2277 Holly Place		6 City or town Washington	
7 State or province DC		8 Country and ZIP or foreign postal code 20022	
9 Total number of Forms 1095-B submitted with this transmittal		1	



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