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Form **1094-B**Department of the Treasury  
Internal Revenue Service**Transmittal of Health Coverage Information Returns**

OMB No. 1545-2252

**2017**► Go to [www.irs.gov/Form1094B](http://www.irs.gov/Form1094B) for instructions and the latest information.

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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