

# Scenario 2-0

110116

Form **1094-B**

Department of the Treasury  
Internal Revenue Service

## Transmittal of Health Coverage Information Returns

OMB No. 1545-2252

**2018**

► 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

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

Cat. No. 61570P

Form **1094-B** (2018)