

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

OMB No. 1545-2252

2019► Go to www.irs.gov/Form1094B for instructions and the latest information.

1 Filer's name Worktesttwo		2 Employer identification number (EIN) 000000215	
3 Name of person to contact Fred Lincoln		4 Contact telephone number 5555372511	
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

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