

Scenario 2C-0

110116

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

2020

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

Cat. No. 61570P

Form **1094-B** (2020)