



Note: *The draft you are looking for begins on the next page.*

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Form **1094-B**

Transmittal of Health Coverage Information Returns

OMB No. 1545-2252

Department of the Treasury
Internal Revenue Service

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

2026

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|--|--|--|--|
| 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 | | | |



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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