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



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Transmittal of Health Coverage Information Returns

OMB No. 1545-2252

2019

Department of the Treasury Internal Revenue Service

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

Internal Revenue Service	4 6	
1 Filer's name	2 Employer identification number (EIN)	019
3 Name of person to contact	4 Contact telephone number	
5 Street address (including room or suite no.)	6 City or town	
5 Street address (including rount of suite no.)	City of town	For Official Use Only
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	ing documents, and to the best of my knowledge and belief, they	y 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 (2019