

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](http://www.irs.gov/Form1094B) for instructions and the latest information.

**2022**

<b>1</b> Filer's name		<b>2</b> Employer identification number (EIN)	
<b>3</b> Name of person to contact		<b>4</b> Contact telephone number	
<b>5</b> Street address (including room or suite no.)		<b>6</b> City or town	
<b>7</b> State or province		<b>8</b> Country and ZIP or foreign postal code	
<b>9</b> 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