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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

2025

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	**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 documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____