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Form **1094-B**

Department of the Treasury
Internal Revenue Service

Transmittal of Health Coverage Information Returns

▶ **Information about Form 1094-B and its separate instructions is at *www.irs.gov/form1094b.***

OMB No. 1545-2252

2016

1 Filer's name Main Street Mennonite	**2** Employer identification number (EIN) 45-6789123
3 Name of person to contact John Clerk	**4** Contact telephone number 555-123-4567
5 Street address (including room or suite no.) 123 Main Street	**6** City or town Anytown
7 State or province PA	**8** Country and ZIP or foreign postal code 12345
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 _____