Form 1094-C

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

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OMB No. 1545-2251

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1094C for instructions and the latest information.

Internal Revenue Service	GO to WWW.mo.gov// Omirioo		ncot imormation.		
Part I Applicable Large Em	ployer Member (ALE Member)			
1 Name of ALE Member (Employer)			2 Employer identification nur	mber (EIN)	
	<u> </u>				
3 Street address (including room or suite r	10.)				
4 City or town		5 State or province	6 Country and ZIP or foreign p	postal code	
7 Name of person to contact			8 Contact telephone numb	er	
O Name of Decimand Courses and Cutiful	(agh, if aggliaghla)		40 Francisco identification non	anh au /FINI)	
9 Name of Designated Government Entity	(only if applicable)		10 Employer identification nur	TIDER (EIN)	
11 Street address (including room or suite r	no.)				
				For Of	ficial Use Only
12 City or town		13 State or province	14 Country and ZIP or foreign p	oostal code	
15 Name of person to contact			16 Contact telephone numb	er er	
10 Name of person to contact			To contact totophone name	· • • • • • • • • • • • • • • • • • •	
4 . D					
17 Reserved	· · · · · · · · · · · · ·				
18 Total number of Forms 1095-0	submitted with this transmittal .				
19 Is this the authoritative transmi	ttal for this ALE Member? If "Yes,"	check the box and continu	e. If "No," see instructions .		
Part II ALE Member Informa	ation				
OO Total number of Forms 1005 C	Stilled by and/ar on babalt of ALE M	a ma ha w			
20 Total number of Forms 1095-C	, filed by and/or on benair of ALE IVI	ember	<u> </u>		
21 Is ALE Member a member of a	n Aggregated ALE Group?				Yes No
If "No," do not complete Part I					
22 Certifications of Eligibility (se	elect all that apply):				
A. Qualifying Offer Method	B. Reserved	C Re	served	D. 98% Offer Meth	ind
	_				
Under penalties of perjury, I declare that	t I have examined this return and accom	npanying documents, and to the	ne best of my knowledge and beli	ef, they are true, correct, and	d complete.
Signature		 Title		 Date	
				*	1001.0

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Part II	ALE Membe	er Information — N	/lonthly				
		(a) Minimum Ess Offer Ir	sential Coverage ndicator	(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months						
24	Jan						
25	Feb						
26	Mar						
27	Apr						
28	May						
29	June						
30	July						
31	Aug						
32	Sept						
33	Oct						
34	Nov						
35	Dec						

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Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36		51	
37		52	
38		53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	1004.0