

Form 1094-C

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

X CORRECTED

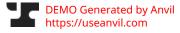
OMB No. 1545-2251

2024

Department of the Treasury Internal Revenue Service

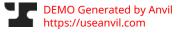
Go to www.irs.gov/Form1094C for instructions and the latest information.

Part I Applicable Large Employer Member (ALE Memb	ner)		l
Name of ALE Member (Employer)	JC1)	2 Employer identification number (EIN)	
ALE Member Name (Employer)		89-7654321	
3 Street address (including room or suite no.)			
123 Main St			
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	
San Francisco	CA	94106	
7 Name of person to contact		8 Contact telephone number	
Robin W. Smith		(555) 444-3333	
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)	
Designated Government Entity Name		89-7654321	
11 Street address (including room or suite no.)			For Official Has Only
123 Main St			For Official Use Only
12 City or town	13 State or province	14 Country and ZIP or foreign postal code	
San Francisco	CA	94106	
15 Name of person to contact		16 Contact telephone number	
Robin W. Smith		(555) 444-3333	
18 Total number of Forms 1095-C submitted with this transmittal			<u>X</u>
19 Is this the authoritative transmittal for this ALE Member? If "Ye			
Part II ALE Member Information	s, check the box and contin	ue. II 140, see ilistractions	
Partin ALL Member information			
20 Total number of Forms 1095-C filed by and/or on behalf of ALE	Member	<u> </u>	12,345
21 Is ALE Member a member of an Aggregated ALE Group? . If "No," do not complete Part IV.			XYes No
22 Certifications of Eligibility (select all that apply):			
22 Gertinications of Englishity (select all that apply).			
X A. Qualifying Offer Method B. Reserved	C. Re	eserved D. 98	8% Offer Method
Under penalties of perjury, I declare that I have examined this return and account of the second of	companying documents, and to	the best of my knowledge and belief, they are t	true, correct, and complete.
Signature	 Title		 Date
For Privacy Act and Pancruark Poduction Act Nation see congrete inc	ruotiono	Cat No 61571A	T 1004 C (2004)



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		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time	(c) Total Employee Count	(d) Aggregated	(e) Reserved
		Yes	No	Employee Count for ALE Member	for ALE Member	Group Indicator	
23	All 12 Months	X		12,345	12,345	X	Jan - Reserved
24	Jan	X		12,345	12,345	X	Feb - Reserved
5	Feb	X		12,345	12,345	X	Mar - Reserved
6	Mar	X		12,345	12,345	X	Apr - Reserved
7	Apr	X		12,345	12,345	X	May - Reserved
8	May	X		12,345	12,345	X	June - Reserved
9	June	X		12,345	12,345	X	July - Reserved
0	July	X		12,345	12,345	X	Aug - Reserved
1	Aug	X		12,345	12,345	X	Sept - Reserved
2	Sept	X		12,345	12,345	X	Oct - Reserved
3	Oct	X		12,345	12,345	X	Nov - Reserved
4	Nov	X		12,345	12,345	X	Dec - Reserved
5	Dec	X		12,345	12,345	X	All 12 Months - Reser



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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 ALE Member 36 Name	89-7654321	51 ALE Member 51 Name	89-7654321
37 ALE Member 37 Name	89-7654321	52 ALE Member 52 Name	89-7654321
38 ALE Member 38 Name	89-7654321	53 ALE Member 53 Name	89-7654321
39 ALE Member 39 Name	89-7654321	54 ALE Member 54 Name	89-7654321
40 ALE Member 40 Name	89-7654321	55 ALE Member 55 Name	89-7654321
41 ALE Member 41 Name	89-7654321	56 ALE Member 56 Name	89-7654321
42 ALE Member 42 Name	89-7654321	57 ALE Member 57 Name	89-7654321
43 ALE Member 43 Name	89-7654321	58 ALE Member 58 Name	89-7654321
44 ALE Member 44 Name	89-7654321	59 ALE Member 59 Name	89-7654321
45 ALE Member 45 Name	89-7654321	60 ALE Member 60 Name	89-7654321
46 ALE Member 46 Name	89-7654321	61 ALE Member 61 Name	89-7654321
47 ALE Member 47 Name	89-7654321	62 ALE Member 62 Name	89-7654321
48 ALE Member 48 Name	89-7654321	63 ALE Member 63 Name	89-7654321
49 ALE Member 49 Name	89-7654321	64 ALE Member 64 Name	89-7654321
50 ALE Member 50 Name	89-7654321	65 ALE Member 65 Name	89-7654321

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