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Almost every form and publication also has its own easily accessible information page on IRS.gov. For example, the Form 1040 page is at IRS.gov/form1040; the Form W-2 page is at IRS.gov/w2; the Publication 17 page is at IRS.gov/pub17; the Form W-4 page is at IRS.gov/w4; the Form 8863 page is at IRS.gov/form8863; and the Schedule A (Form 1040) page is at IRS.gov/schedulea. If typing in the links above instead of clicking on them: type the link into the address bar of your browser, not in a Search box; the text after the slash must be lowercase; and your browser may require the link to begin with "www.". Note that these are shortcut links that will automatically go to the actual link for the page.

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1004 0	Transmittal of Employer-P	rovided Health In	surance Offer and		120115 OMB No. XXXX-XXXX
Form 1094–C Department of the Treasury Internal Revenue Service		nformation Retui	rns V V T	CORRECTED	2014
Part Applicable La	arge Employer Member (ALE Member)				
1 Name of ALE Member (Empl	oyer)	24	2 Employer identification number (EIN)		
3 Street address (including roo	m or suite no.)				
4 City or town		5 State or province	6 Country and ZIP or foreign postal code		
7 Name of person to contact	DU	NOT	8 Contact telephone number		
9 Name of Designated Govern	ment Entity (only if applicable)		10 Employer identification number (EIN)		
11 Street address (including roo	m or suite no.)			For Off	cial Use Only
12 City or town		13 State or province	14 Country and ZIP or foreign postal code		
15 Name of person to contact			16 Contact telephone number		
		<u></u>	· · · · · · · · · · · · · · · ·		· · · · · · · □
Part II ALE Member			16 (A) 1 1 1		
19 Is this the authoritativ	e transmittal for this ALE Member? If "Yes," o	neck the box and continu	e. If "No," see instructions		
20 Total number of Form	s 1095-C filed by and/or on behalf of ALE Me	mber			. ►
21 Is ALE Member a mer If "No," do not comple	mber of an Aggregated ALE Group? ete Part IV.				· · Yes No
22 Certifications of Elig	ibility (select all that apply):				
A. Qualifying Offer M	1ethod B. Qualifying Offer Metl	nod Transition Relief	C. Section 4980H Transition R	elief	D. 98% Offer Method
Under penalties of perjury, I d	eclare that I have examined this return and accomp	panying documents, and to th	e best of my knowledge and belief, they are	e true, correct, and	complete.
)		· • •			
Signature		Title		Date	

Version F, Cycle 10

Form 1	094-C (2014)						120215 _{Page} 2
Part	III ALE Membe	er Information — N					
		(a) Minimum Essent Offer Indica		(b) Full-Time Employee Count	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Section 4980H
	Yes		No	for ALE Member			Transition Relief Indicator
23	All 12 Months		JÜ		201	4	
24	Jan		h	NOT	- E-11		
25	Feb			NUI			
26	Mar						
27	Apr						
28	Мау						
29	June						
30	July						
31	Aug						
32	Sept						
33	Oct						
34	Nov						
35	Dec						

Form 1094-C (2014)

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	JU		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	

Form **1094-C** (2014)

Codes for Section 4980H Transition Relief Indicator -- Form 1094-C Part III, Column (e)

A. 50-99 Transition Relief (ALEs with fewer than 100 full-time employees)

B.100 or more Transition Relief (ALEs with 100 or more full-time employees)

July 24, 2014 DO NOT FILE