

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

▶ Information about Form 1094-C and its separate instructions is at [www.irs.gov/f1094c](http://www.irs.gov/f1094c)

CORRECTED

**2016**

**Part I Applicable Large Employer Member (ALE Member)**

1 Name of ALE Member (Employer) ABC Corporation		2 Employer identification number (EIN) 123-45-6789	
3 Street address (including room or suite No.) 1234 Any Street			
4 City or Town Any Town	5 State or province CA	6 County and Zip or foreign postal code 94086-3119	
7 Name of person to contact Jeff Moe		8 Contact telephone number (408) 850-4975	
9 Name of Designated Government Entity (only if applicable) Petronella Frankenstein		10 Employer identification number (EIN) 43435443	
11 Street address (including room or suite No.) 4567 Washington St			
12 City or Town Washington	13 State or province WA	14 County and Zip or foreign postal code 20001	
15 Name of person to contact ABC Corp Contact name		16 Contact telephone number (333) 333-3333	

**For Official Use Only**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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17 Reserved .....

18 Total number of Forms 1095-C submitted with this transmittal ..... ▶ 16

**Part II ALE Member Information**

19 Is this the authoritative transmittal for this ALE Member? If "Yes", check the box and continue. If "No", see instructions .....

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member ..... ▶ 16

21 Is ALE Member a member of an Aggregated ALE Group? .....  Yes  No  
If "No", do not complete Part IV

**22 Certifications of Eligibility (select all that apply):**

- A. Qualifying Offer Method       B. Qualifying Other Method Transition Relief       C. Section 4980H Transition Relief       D. 98% Offer Method

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

**Part III ALE Member Information - Monthly**

		(a) Minimum Essential Coverage Offer Indicator		(b) Full-Time Employee count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Section 4980H Transition Relief Indicator
		Yes	No				
23	All 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>	10	13	<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>	11	13	<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>	11	13	<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>	11	13	<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>	12	12	<input type="checkbox"/>	
29	Jun	<input type="checkbox"/>	<input type="checkbox"/>	13	13	<input type="checkbox"/>	
30	Jul	<input type="checkbox"/>	<input type="checkbox"/>	12	12	<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>	11	12	<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>	11	12	<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>	10	11	<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>	9	10	<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>	8	9	<input type="checkbox"/>	