

Form 1095-B

Department of the Treasury
Internal Revenue Service

Health Coverage

> Do not attach to your tax return. Keep for your records.
> Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID
 CORRECTED

2023

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name John E. Stuart		2 Social security number (SSN) or other TIN 555121212	3 Date of birth (if SSN or other TIN is not available) 01/15/50
4 Street address (including apartment no.) 12345 South Pennington	5 City or town Portland	6 State or province OR	7 Country and ZIP or foreign postal code 93040-1234
8 Enter letter identifying Origin of the Policy (see instructions for codes): > <input type="checkbox"/> B		9 Reserved	

Part II Information About Certain Employer Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name Sample Construction Company		17 Employer identification number (EIN) 98-3213211	18 Contact telephone number (801) 277-5500
19 Street address (including room or suite no.) 5525 South 900 East,	20 City or town Salt Lake City	21 State or province UT	22 Country and ZIP or foreign postal code USA 84117

Part IV Covered Individuals (Enter the information for each covered individual.)

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	John Stuart	555-12-1212		<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Sally F Stuart		01/31/52	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form **1094-B**

Department of the Treasury
Internal Revenue Service

Transmittal of Health Coverage Information Returns

OMB No. 1545-2252

2023

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

1 Filer's name Sample Construction Company		2 Employer identification number (EIN) 98-3213211	For Official Use Only 
3 Name of person to contact		4 Contact telephone number (801) 277-5500	
5 Street address (including room or suite) 5525 South 900 East,	6 City or town Salt Lake City		
7 State or province UT	8 Country and ZIP or foreign postal code USA 84117		
9 Total number of Forms 1095-B submitted with this transmittal >		1	

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