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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](https://www.irs.gov/form1040); the Form W-2 page is at [IRS.gov/w2](https://www.irs.gov/w2); the Publication 17 page is at [IRS.gov/pub17](https://www.irs.gov/pub17); the Form W-4 page is at [IRS.gov/w4](https://www.irs.gov/w4); the Form 8863 page is at [IRS.gov/form8863](https://www.irs.gov/form8863); and the Schedule A (Form 1040) page is at [IRS.gov/schedulea](https://www.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.

If you wish, you can submit comments about draft or final forms, instructions, or publications on the [Comment on Tax Forms and Publications](#) page on IRS.gov. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each one. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

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

Form **1094-C**  
Department of the Treasury  
Internal Revenue Service

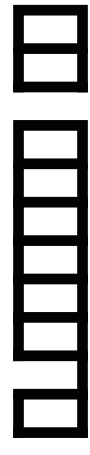
CORRECTED

► Information about Form 1094-C and its separate instructions is at [www.irs.gov/ef1094c](http://www.irs.gov/ef1094c).

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

1 Name of ALE Member (Employer)		2 Employer identification number (EIN)	
3 Street address (including room or suite no.)		6 Country and ZIP or foreign postal code	
4 City or town	5 State or province	8 Contact telephone number	
7 Name of person to contact		10 Employer identification number (EIN)	
9 Name of Designated Government Entity (only if applicable)		14 Country and ZIP or foreign postal code	
11 Street address (including room or suite no.)		16 Contact telephone number	
12 City or town	13 State or province		
15 Name of person to contact			
17 Reserved			

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

**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 . . . . .  Yes  No

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

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 Offer 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 \_\_\_\_\_

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**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				
<b>23</b> All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>24</b> Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>25</b> Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>26</b> Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>27</b> Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>28</b> May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>29</b> June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>30</b> July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>31</b> Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>32</b> Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>33</b> Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>34</b> Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>35</b> Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

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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			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	

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)

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