

Form **1094-B**

### Transmittal of Health Coverage Information Returns

OMB No. 1545-2252

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form1094B](http://www.irs.gov/Form1094B) for instructions and the latest information.

**2023**

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|---|--|---|
| <b>1</b> Filer's name<br><br>Main Street Mennonite                              |  | <b>2</b> Employer identification number (EIN)<br><br>45 6789123 |
| <b>3</b> Name of person to contact<br><br>John Clerk                            |  | <b>4</b> Contact telephone number<br><br>555 123 4567           |
| <b>5</b> Street address (including room or suite no.)<br><br>123 Main Street    | <b>6</b> City or town<br><br>Anytown                         |   |
| <b>7</b> State or province<br><br>PA  | <b>8</b> Country and ZIP or foreign postal code<br><br>12345 |   |
| <b>9</b> 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