

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 for instructions and the latest information.

2025

1 Filer's name Main Street Mennonite Church		2 Employer identification number (EIN) 45 6789123	For Official Use Only 
3 Name of person to contact Joe Clerk		4 Contact telephone number 555 123 4567	
5 Street address (including room or suite no.) 123 Main Street	6 City or town Anytown		
7 State or province PA	8 Country and ZIP or foreign postal code 12345		
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
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