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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; the Form W-2 page is at IRS.gov/w2; the Publication 17 page is at IRS.gov/pub17; the Form W-4 page is at IRS.gov/w4; the Form 8863 page is at IRS.gov/form8863; and the Schedule A (Form 1040) page is at 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.

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Term 10.9 + Coverage Information Returns 2014 Description The formation about form 109-C and its separate instructions is at www.rs.gov/ff09-c. 2014 Image: Contract Coverage Information Returns 2 smplower definition on unbur form 4 Image: Coverage Information Returns 2 smplower definition on unbur form 4 Image: Coverage Information Returns 2 smplower definition on unbur form 4 Image: Coverage Information Returns 2 smplower definition on unbur form 4 Image: Coverage Information Returns 2 smplower definition on unbur form 4 Image: Coverage Information Returns 2 smplower definition on unbur form 4 Image: Coverage Information Returns 2 smplower definition on unbur form 4 Image: Coverage Information Returns 2 smplower definition on unbur form 4 Image: Coverage Information 10 Encloyer definition on unbur form 5 Image: Coverage Information 10 Encloyer definition on unbur form 5 Image: Coverage Information 10 Encloyer definition on unbur form 5 Image: Coverage Information 10 Encloyer definition on unbur form 5 Image: Coverage:	1004 0	Transmittal of Employer-P	Provided Health	Insurance Offer and	CORRECTED	120115 OMB No. 1545-2251
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	Under penalties of perjury, I d	eclare that I have examined this return and accom	panying documents, and to	the best of my knowledge and belief, the	y are true, correct, and	complete.
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form 1094-C (2014)		ork Deduction Act Nation and concrete instruct		0-+ N= 015744	Date	Form 1094-C (2014)

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Part		er Information — I (a) Minimum Es Offer I	ssential Coverage ndicator	(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
23	All 12 Months	Yes			5.2	012	
24	Jan			NIOT			
25	Feb		DD	NUI	FIL		
26	Mar						
27	Apr						
28	May						
29	June						
30	July						
31	Aug						
32	Sept						
33	Oct						
34	Nov						
35	Dec						

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	UCIC	ber	51 J. ZU I 4	
37			52	
38			53	
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Form **1094-C** (2014)