

Form **1094-B**

Transmittal of Health Coverage Information Returns

Department of the Treasury
Internal Revenue Service

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

2016

1 Filer's name RENAISSANCE HEALTH CARE, INC.		2 Employer id number (EIN) 12-8885642
3 Name of person to contact FRANK MARCIANO		4 Contact telephone number 212-928-3283
5 Street address (including room or suite no.) 975 ALDER LANE SUITE 312	6 City or town NEW YORK	
7 State or province NY	8 Country, ZIP or foreign postal code 10023-1210	
9 Total number of Forms 1095-B submitted with this transmittal ▶		1

**INFORMATION COPY
DO NOT FILE WITH IRS**

For Official Use Only



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.

▶ _____ ▶ **ADMINISTRATOR** ▶ _____

Signature Title Date