

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer) INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE		2 Employer id number (EIN) 13-3249958
3 Street address (including room or suite no.) 555 BROADHOLLOW ROAD SUITE 273		
4 City or town MELVILLE	5 State or province NY	6 ZIP or foreign postal code 11747-5001
7 Name of person to contact RONALD RANDAZZO SR		8 Contact telephone number 631-249-7744
9 Name of Designated Government Entity (only if applicable)		10 Employer id number (EIN)
11 Street address (including room or suite no.)		
12 City or town	13 State or province	14 ZIP or foreign postal code
15 Name of person to contact		16 Contact telephone number

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17 Reserved

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18 Total number of Forms 1095-C submitted with this transmittal **▶ 16**

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions **No**

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE member **▶ 75**

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. Reserved C. Reserved 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.

▶ _____ **HUMAN RESOURCES, ADMIN** _____ ▶ _____
Signature Title Date

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Form 1094-C (2020)

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Part III ALE Member Information-Monthly

	(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
	Yes	No				
23 All 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24 Jan	<input type="checkbox"/>	<input type="checkbox"/>	10	10	<input type="checkbox"/>	
25 Feb	<input type="checkbox"/>	<input type="checkbox"/>	18	18	<input type="checkbox"/>	
26 Mar	<input type="checkbox"/>	<input type="checkbox"/>	15	15	<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input type="checkbox"/>	21	32	<input type="checkbox"/>	
28 May	<input type="checkbox"/>	<input type="checkbox"/>	18	30	<input type="checkbox"/>	
29 June	<input type="checkbox"/>	<input type="checkbox"/>	27	32	<input type="checkbox"/>	
30 July	<input type="checkbox"/>	<input type="checkbox"/>	27	33	<input type="checkbox"/>	
31 Aug	<input type="checkbox"/>	<input type="checkbox"/>	32	33	<input type="checkbox"/>	
32 Sept	<input type="checkbox"/>	<input type="checkbox"/>	42	45	<input type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>	39	42	<input type="checkbox"/>	
34 Nov	<input type="checkbox"/>	<input type="checkbox"/>	39	42	<input type="checkbox"/>	
35 Dec	<input type="checkbox"/>	<input type="checkbox"/>	37	41	<input type="checkbox"/>	