

**Part I Applicable Large Employer Member (ALE Member)**

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

**INFORMATION COPY  
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**17** Reserved

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**18** Total number of Forms 1095-C submitted with this transmittal . . . . . **3**

**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 . . . . . **3**

**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. Section 4980H Transition Relief     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.

Signature \_\_\_\_\_ Title **HUMAN RESOURCES, ADMIN** \_\_\_\_\_ Date \_\_\_\_\_

**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) Section 4980H Transition Relief Indicator
	Yes	No				
23 All 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	125	175	<input type="checkbox"/>	
24 Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25 Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26 Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28 May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29 June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30 July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
31 Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
32 Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34 Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35 Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	