

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) DESIGNATED GOV AGENCY LINE 1 DESIGNATED GOV AGENCY LINE 2		10 Employer id number (EIN) 00-0000002
11 Street address (including room or suite no.) DESIGNATED GOV AGENCY STREET LINE 1 DESIGNATED GOV AGENCY STREET LINE 2		
12 City or town DESIGNATED GOV CITY	13 State or province NY	14 ZIP or foreign postal code 12345-1234
15 Name of person to contact FIRST NAME M LAST NAME JR		16 Contact telephone number 000-022-2020

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17 Reserved

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18 Total number of Forms 1095-C submitted with this transmittal **0**

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

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE member **275**

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.

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

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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 type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
24 Jan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	10	<input type="checkbox"/>	
25 Feb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20	20	<input type="checkbox"/>	
26 Mar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30	30	<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40	40	<input type="checkbox"/>	
28 May	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50	50	<input type="checkbox"/>	
29 June	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60	60	<input type="checkbox"/>	
30 July	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70	70	<input type="checkbox"/>	
31 Aug	<input type="checkbox"/>	<input checked="" type="checkbox"/>	80	80	<input type="checkbox"/>	
32 Sept	<input checked="" type="checkbox"/>	<input type="checkbox"/>	90	90	<input type="checkbox"/>	
33 Oct	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100	100	<input type="checkbox"/>	
34 Nov	<input checked="" type="checkbox"/>	<input type="checkbox"/>	110	110	<input type="checkbox"/>	
35 Dec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	120	120	<input type="checkbox"/>	

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
GROUP MEMBER 1 36	39-2840983	51	
GROUP MEMBER 2 GROUP MEMBER 2 LINE 2 37	03-0303030	52	
GROUP MEMBER 3 GROUP MEMBER 3 LINE 2 38	99-4994494	53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	