

RENAISSANCE HEALTH CARE INC
 975 ALDER LANE SUITE 312
 NEW YORK NY 10023-1210



JOHN M DOE SR
 33 EAST 17 STREET APT 2101
 NEW YORK NY 10003-2005

CONTROL # 84321

Form **1095-B**

Department of the Treasury
 Internal Revenue Service

Health Coverage

Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2252

2018

Part I Responsible Individual

1 Name of responsible individual JOHN M DOE SR		2 Social security no. (SSN or other TIN) XXX-XX-0029	3 Date of birth (if SSN or TIN is not available) 1983-03-22
4 Street address (including apartment no.) 33 EAST 17 STREET APT 2101	5 City or town NEW YORK	6 State or province NY	7 Country and ZIP or foreign postal code 10003-2005
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes). B		9 Reserved	

Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name ACCOUNT ABILITY COMPLIANCE SOFTWARE			11 Employer identification number (EIN) XX-XXX-9958
12 Street address (including room or suite no.) 555 BROADHOLLOW RD STE 273	13 City or town MELVILLE	14 State or province NY	15 Country and ZIP or foreign postal code 11747-5001

Part III Issuer or Other Coverage Provider (see instructions)

16 Name RENAISSANCE HEALTH CARE INC		17 Employer identification number (EIN) 11-4938827	18 Contact telephone number 888-302-0303
19 Street address (including room or suite no.) 975 ALDER LANE SUITE 312	20 City or town NEW YORK	21 State or province NY	22 Country and ZIP or foreign postal code 10023-1210

Part IV Covered Individuals (Enter the information for each covered individual)

	(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	JOHN M DOE SR	XXX-XX-0029	1983-03-22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	ANDREA DOE	XXX-XX-3848		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	JANE DOE	XXX-XX-9898		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	LENORE DOE	XXX-XX-0394		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	MARTIN DOE JR		2018-09-04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>