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IRS/SSA/CMS
Data Match Project XII
Phone: 1-800-999-1118

PIN #

Part I: Employer Information

Employer Identification Number

123456789

Employer

PITSTOP INC
1919 EAST LANE
CHARLOTTE NC 43537-4008

**Instructions for completing this Group Health Plan Report are available at:
<http://www.cms.hhs.gov/irsssacmsdatamatch/downloads/instructions.pdf>**

- 1a. Did you offer a health plan to any employee at any time since 01/01/04? (full or part time)
- 1b. Did your organization make contributions on behalf of any employee who was covered under a collectively bargained Health and Welfare Fund (e.g. a union plan) since 01/01/04?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



If you answered NO to both Questions 1a and 1b, please turn to Part IV and sign the certification. Return Part I and Part IV in the self-addressed mailer provided.

- 2. In the following years, did you have 20 or more employees for 20 or more calendar weeks (this includes full time, part time, intermittent and/or seasonal employees)?

Year
2003
2004
2005

INSTRUCTIONS: This information will be read by a computer. Please print as shown below. Stay within the boxes. Use CAPITAL Letters. Mark boxes with an X. USE BLACK OR BLUE INK.

EXAMPLE

A	B	C		1	2	3	
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