Person

* PersonID
* Name
* SSN
* AddressID
* EIN

Employer

* EIN
* Name
* AddressID
* ContactPersonID
* ContactPhoneNumber
* ALEGroupEIN

Address

* AddressID
* Street Address
* City
* State
* Country
* Postal Code

1094 Form

* FormID
* EIN
* Eligibility-A
* Eligibility-D
* Signature
* SignatureTitle
* SignatureDate
* Corrected

1094 Month

* FormID
* Month
* OfferIndicator
* 4980HCount
* EmployeeCount
* AggregatedGroupIndicator

1095 Form

* 1095FormID
* PersonID
* EIN
* Void
* Corrected

CoverageOfferMonth

* 1095FormID
* Month
* CoverageCode
* RequiredContribution
* 4980HCode

CoveredIndividuals

* 1095FormID
* PersonID
* MonthsCovered
* DOB