

***Annual Affordable Care Act (ACA) Compliance at
ABC Technologies, Inc.:***

**How to Complete Lines 14, 15, and 16 of IRS Form
1095-C and Create a Simple, Versatile
Spreadsheet of All Necessary Data**

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Introduction

Under the guidelines of the Affordable Care Act (ACA), Applicable Large Employers like ABC Technologies are required to file certain forms annually with the Internal Revenue Service (IRS). These forms are to show that the company has met the ACA's criteria for employer-offered healthcare coverage for the previous year.

An Applicable Large Employer (ALE), as defined by the IRS, is a company with fifty (50) or more full-time employees.

One of the required forms is the 1095-C form. The 1095-C form has to be completed and filed for every person who was a full-time employee of the company for all or part of the previous year. By the annual deadline, ALEs are required to:

1. File all of the 1095-C forms with the IRS (along with one other form, the 1094-C).
2. Provide every employee with a copy of their 1095-C form.

The challenging parts of the 1095-C form are lines 14, 15, and 16, which require you to input specific codes and dollar amounts for each month of the year. For each employee, these codes and amounts can vary from month to month.

This document contains instructions and examples for Human Resources personnel at ABC Technologies to complete Lines 14, 15, and 16 of IRS Form 1095-C for every full-time employee, and to create a simple, versatile spreadsheet of all the data needed to complete this annual required form.

When complete, you can use this spreadsheet to:

- Complete and file 1095-C forms in-house.
- Reference, track, and revise 1095-C data throughout the tax year.
- Submit the data to 3rd party vendors to whom you have outsourced the processing and filing of the 1095-C forms.
- Check the accuracy of completed 1095-C forms prior to filing, no matter whether the forms are processed in-house or outsourced.
- Become a template for future years to make the entire process quicker and more manageable.

Additionally, this document provides a record of institutional memory and instruction during periods of staff turnover.

About the Affordable Care Act (ACA)

The Affordable Care Act (ACA) was enacted by Congress in 2010 to expand healthcare coverage and increase affordability for individuals and families.

The ACA requires all Applicable Large Employers (ALEs) to offer all full-time employees healthcare coverage that meets certain criteria. The criteria include specific covered medical services and rules on premium costs. Together, these criteria are called Minimum Essential Coverage (MEC).

The Internal Revenue Service (IRS) enforces the ACA. It requires all ALEs to file a 1095-C form for every person who was a full-time employee of the company for all or part of the previous tax year.

Companies that do not file these forms correctly and by the annual deadline can incur significant financial penalties. The penalty for failing to file 1095-C forms in 2018 was "\$260 per [1095-C] with a maximum penalty of \$3,218,500 per organization," according to the Society of Human Resource Management's (SHRM) website. If the filing failure is found to be intentional, SHRM reports that the penalty amount in 2018 was \$530 per 1095-C, with no maximum amount limit.

About the 1095-C Form

The 1095-C form asks about your employees' *monthly* healthcare coverage. For each employee -- for each month of the year -- you need to enter the following information:

- Which month(s) the employee was eligible to accept the company's healthcare coverage
- If the employee accepted coverage
- Who else in the employee's family was offered coverage
- How much the healthcare coverage cost the employee

The 1095-C form is three (3) pages. **You only need to complete Page 1.** Figures 1-3 below show all three pages of the 2018 1095-C form.

Figure 1: 2018 1095-C, Page 1

1095-C Form Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage ► Do not attach to your tax return. Keep for your records. ► Go to www.irs.gov/Form1095C for instructions and the latest information.													
		600118 <input type="checkbox"/> VOID OMB No. 1545-2251 <input type="checkbox"/> CORRECTED 2018													
Part I Employee		Applicable Large Employer Member (Employer)													
1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN) 3 Street address (including apartment no.) 4 City or town 5 State or province 6 Country and ZIP or foreign postal code		7 Name of employer 8 Employer identification number (EIN) 9 Street address (including room or suite no.) 10 Contact telephone number 11 City or town 12 State or province 13 Country and ZIP or foreign postal code													
Part II Employee Offer of Coverage		Plan Start Month (enter 2-digit number):													
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)															
15 Premium Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)															
Part III Covered Individuals		If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>													
(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage										
17				<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"/>		
18				<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"/>		
19				<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"/>		
20				<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"/>		
21				<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"/>		
22				<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"/>		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.														Cat. No. 60705M	Form 1095-C (2018)

Parts I and II:
You will compile the data for these sections on the spreadsheet.

Part III:
LEAVE BLANK.
This section is only for companies that are self-insured.

Figure 2: 2018 1095-C, Page 2

Form 1095-C (2018)

600216

Page 2

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provision in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Part I, Part II, and Part III, includes information about the coverage, if any, your employer offers to you or your spouse and dependents. If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC) You and Your Family for Health Insurance Coverage for the year during which you were an Applicable Large Employer (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish this form to you.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a part of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information to assist you in completing your income tax return by showing you or those family members had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year.

If your employer provided you with minimum essential coverage through a self-insured health plan or in another manner, such as the issuance or the sponsorship of a plan providing minimum essential coverage separately from your employer's health plan, your employer will furnish you information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, your employer will furnish you information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families or call the IRS Healthcare Hotline for ACA questions 1-800-919-0452.

Part I. Employee

Lines 1–6. Part I, lines 1–6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the entire SSN is needed to report your complete SSN to the IRS.

If you do not provide the SSN and the SSNs of all other individuals covered under the plan administrator, the IRS may not be able to match the Form 1095-C to determine that you and the other covered individuals have complied with the individual shared responsibility provision. For covered individuals other than the employee listed in Part I, a Taxpayer Identification Number (TIN) may be provided instead of an SSN. See Part III.

Part I. Applicable Large Employer Member (Employer)

Lines 7–13. Part I, lines 7–13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Part II. Employer Offer of Coverage, Lines 14–16

The following code identifies the information for line 14 about the coverage offered by your employer offered to you and your spouse and dependents. If you are covered by an insurance plan offered by a multiemployer plan that is not part of your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependents). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee-only contribution for self-only coverage of at least 9.5% (as of 2018) of the cost of the minimum essential states single federal poverty level and minimum essential coverage offered to you and your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, see IRS.gov.

1B. Minimum essential coverage providing minimum value offered to you and your spouse and dependents.

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependents(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependents(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependents(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependents(s) but NOT your dependents(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-employed employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Reserved.

1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependents(s).

Line 15. This line shows the amount of minimum essential coverage that you enrolled in for the lowest cost self-only minimum essential coverage providing minimum value that you enrolled in for the year. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, or 1K is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report a "0.00" for the amount. For more information, including on how the eligibility for other healthcare arrangements might affect the amount reported on line 15, see IRS.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, see IRS.gov.

Part III. Covered Individuals, Lines 17–22

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the plan in the month(s) covered. If the plan is a continuation plan, a date of birth will be entered in column (c) only if an SSN is provided for covered individuals other than the employee listed in Part I is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 6 covered individuals, see the additional covered individuals on Part III, Continuation Sheet(s).

Figure 3: 2018 1095-C, Page 3

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Form 1095-C (2018)

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Name of employee (first name, middle initial, last name)

Social security number (SSN)

Part III Covered Individuals – Continuation Sheet

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
23				<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"/>
24				<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"/>
25				<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"/>
26				<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"/>
27				<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"/>
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"/>
29				<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"/>
30				<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"/>
31				<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"/>
32				<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"/>
33				<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"/>
34				<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"/>

Form 1095-C (2018)

Page 3: OMIT.
This page is the continuation of Part III for self-insured companies from Page 1.

You do not need to send this page to the IRS or the employee.

See the section
*Tips on In-House
Processing,
Printing, and
Filing of 1095-C
Forms.*

Legal Disclaimer

The information contained in this document does not, and is not intended to, constitute legal advice. It is ABC Technologies' responsibility to ensure that the annual ACA forms are completed and submitted according to the laws and regulations of the Affordable Care Act (ACA).

The current IRS form instructions always supersede all instructions and content in this document.

CAUTION: Since this document requires access to personal information, including social security numbers, employees who work on this project need to maintain discretion and keep all information confidential.

Before You Begin: Confirm Assumptions about ABC Technologies, Inc.

Applicable Large Employers vary in corporate structure and how they set up their healthcare coverage, which means how the 1095-C form is completed can vary if companies make certain changes from year to year.

The instructions in this document are based on the assumptions about ABC Technologies as described in Table 1.

Before you create the spreadsheet:

1. Review and confirm that these assumptions are still valid for ABC Technologies
2. If any of the assumptions are no longer valid, the instructions in this document may not be correct. Consult with our legal and/or health benefits advisors before continuing with this document.

Table 1: Assumptions about ABC Technologies, Inc.

	Assumption	Additional Information/Explanation
1	ABC Technologies is an Applicable Large Employer (ALE).	An Applicable Large Employer is a company with over fifty (50) full-time employees.
2	ABC Technologies is not a member an Aggregated ALE Group.	An Aggregated ALE Group is made up of at least two separate companies that have a common owner, or are otherwise related under certain IRS rules. For example, a parent company and its subsidiary companies are considered members of an Aggregated ALE Group.

	Assumption	Additional Information/Explanation
3	ABC Technologies' healthcare coverage is not self-insured.	Companies that self-insure do not contract with a third-party insurer (for example, Blue Cross. UnitedHealthCare, Aetna, etc.) to insure its employees and administer a healthcare plan. Instead, they company insures its employees and administers the plan in-house. For very large companies, being self-insured may be more financially advantageous.
4	ABC Technologies' healthcare coverage meets the criteria for Minimum Essential Coverage (MEC).	<p>Under the ACA, ALEs must offer their eligible employees a health plan that meet its criteria of Minimum Essential Coverage (MEC). The criteria include medical services that need to be covered and limits on premium costs paid by the employee.</p> <p>Most employee healthcare plans that companies set up with a major health insurer meet the criteria for MEC.</p>
5	ABC Technologies' health plan coverage qualifies for Minimum Essential Coverage (MEC) under the 98% Offer Method.	<p>Companies must certify that they meet MEC criteria in one of two ways: Qualifying Offer Method or the 98% Offer Method.</p> <p>The codes on lines 14, 15, and 16 can vary depending on what type of offer method a company uses.</p> <p>The 98% Offer Method means that a company offers MEC to at least 98% of its full-time employees <u>and</u> their dependents.</p>
6	ABC Technologies' healthcare coverage does not have a waiting period.	<p>In some companies, new employees have to be at the company for a certain amount of time (for example, three months) before they can sign-up for the company healthcare coverage. This is a waiting period. It's also known as a "Limited Non-Assessment Period."</p> <p>Historically, ABC Technologies has not had a waiting period; full-time employees can accept healthcare coverage and be covered</p>

	Assumption	Additional Information/Explanation
		(retroactively) starting from their first day of work.

For more information about any of the above items, go to <https://www.irs.gov/forms-pubs/about-form-1095-c> and/or contact our legal and health benefits advisors.

Create the ACA Spreadsheet

To create the ACA data spreadsheet:

1. Enter the labels.
2. Enter employee data.

Enter the Labels

Enter the labels for the spreadsheet, as follows. Figures 4-7 below show an example of a labeled spreadsheet.

Cell	Text	Format (if needed)
A2	Last	
B2	First	
C2	SSN	
D2	Address	
E2	City	
F2	State	
G2	Zip	
H2	Hire Date	
I2	Term Date	
J1	Healthcare Plan Enrollment	Merge cells J1-M1
J2	FT Employee	
K2	Enroll	

Cell	Text	Format (if needed)
L2	State Date	
M2	End Date	

The next section of the spreadsheet is formatted by month of the year.

Cell	Text	Format
N1	All Twelve Months	Merge cells N1-P1
N2	Line 14	
O2	Line 15	
P2	Line 15	
Q1	January	Merge cells Q1-S1
Q2	Line 14	
R2	Line 15	
S2	Line 16	

To complete entering the labels of the spreadsheet, follow these steps:

1. Select the block of cells Q1-S1 and Q2-S2. Copy and paste this block into T1. Continue to copy and paste this block eleven (11) more times for a total of twelve (12) blocks that all say "January." The last labeled cell will be AZ.
2. Starting with cell T1, replace "January" with the rest of the months of the year, starting with "February" and ending with "December."
3. Optional step: Select thicker border lines between each month, including All Twelve Months.

Figure 4: Labeled Spreadsheet (Rows A - M)

Figure 5: Labeled Spreadsheet (Rows N - Y)

Figure 6: Labeled Spreadsheet (Rows Z - AK)

Report Period Analysis												
Period		Q1 Metrics			Q2 Metrics			Q3 Metrics			Q4 Metrics	
Row	Column	Revenue	Profit	Growth	Revenue	Profit	Growth	Revenue	Profit	Growth	Revenue	Profit
1	Period A	100	20	5%	120	25	6%	110	22	4%	130	28
2	Period B	110	22	4%	130	25	7%	120	24	5%	140	30
3	Period C	120	25	6%	140	28	8%	130	26	6%	150	32
4	Period D	130	28	7%	150	30	9%	140	27	7%	160	35
5	Period E	140	30	8%	160	32	10%	150	29	8%	170	38
6	Period F	150	32	9%	170	35	11%	160	31	9%	180	40
7	Period G	160	35	10%	180	38	12%	170	33	10%	190	42
8	Period H	170	38	11%	190	40	13%	180	36	11%	200	45

Figure 7: Labeled Spreadsheet (Rows AL - AZ)

Enter the Data

Enter information for every person who was an employee of ABC Technologies for all or part of the designated tax year (January 1 - December 31).

Basic Employee Information

CAUTION: This information should be the same as it will appear on the employee's W-2 for the same designated tax year.

NOTE: If you are using a 3rd party vendor to prepare and file your 1095-Cs, use their preferred labels and number and date formatting.

- **Last:** Employee Last Name
- **First:** Employee First Name
- **SSN:** Employee Social Security Number (###-##-####)
- **Street Address, City, State, Zip Code:** Employee Residential Address

Dates of Employment

- **Hire Date:** Employee's First Day of Employment (MM/DD/YY)
- **Term Date:** Employee's Last Day of Employment (if applicable) (MM/DD/YY)

Healthcare Plan Enrollment

Full-time employee: Was the employee a full-time employee of ABC Technologies for any length of time during the previous year? Enter Yes or No.

- a. If Yes, go to **Enroll**.
- b. If No, you are done entering data for this employee.

CAUTION: A full-time (or full-time equivalent) employee, as defined by the IRS, is an employee who, for each calendar month, averaged at least 30 hours of work per week, or 130 hours of work per month.

To determine what to enter for Full-Time Employee on the spreadsheet, see Table 2 below.

Table 2: What to Enter for Full-Time Employee

Employee Status at ABC Technologies	What to Enter for Full-time Employee	Comments
Full-time for any length of time during the year	Yes	Full-time employees of ABC Technologies meet the IRS definition of a full-time employee
Part-time, and did not average 130 hours of work for any month of the year	No	This is the likely scenario for our part-time employees.
Part-time, and did average 130 hours or more of work	Yes	The employee is considered full-time for those months. If this

Employee Status at ABC Technologies	What to Enter for Full-time Employee	Comments
for one or more months of the year		scenario occurs, consult our legal and health benefits advisors.
Contractor	No	Contractors are not employees of ABC Technologies

2. **Enroll:** Did the employee enroll in ABC Technologies' healthcare plan? Enter Yes or No.
 - a. If Yes, go to **Start Date**.
 - b. If No, skip the rest of this section and go to the next section of this document, titled **Lines 14, 15, and 16**.
3. **Start Date:** Enter the date the employee's healthcare plan coverage began (MM/DD/YY).
4. **End Date:** Enter the date the employee's healthcare plan coverage ended, if applicable (MM/DD/YY).

Lines 14, 15, and 16

Lines 14, 15, and 16 ask when the employee was eligible for healthcare coverage, if they signed-up and when, how much it cost, and who else in the employee's family does the employee have the option to cover.

CAUTION: For each employee, you need to complete lines 14, 15, and 16 for **each month** of the year. For some employees, these lines will be the same each month for all twelve months and for others these lines will not.

Line 14

Line 14 asks who in the employee's family was eligible to be covered by ABC Technologies' healthcare plan.

Historically, employees at ABC Technologies have had the option to cover their spouse/partner and dependents (code 1E) and this document assumes the same in the examples given.

How to Determine Line 14

1. Was the employee a full-time employee of ABC Technologies for at least one (1) day during the calendar month of January?
 - a. If Yes, enter appropriate code from Table 3 below.

- b. If No, enter code 1H.
 2. Repeat the same process for each month of the year.

Table 3: Line 14 Codes

Full-time employee?	Who else in their household do full-time employees have the option to cover under ABC Technologies' Healthcare plan?	Code to Enter on Line 14
No	n/a	1H
Yes	Employee only	1B
Yes	Employee + Dependents only	1C
Yes	Employee + Partner/Spouse only	1D
Yes	Employee +Partner/Spouse+ Dependents	1E

Example 1: Rebecca

Rebecca started at ABC Technologies as a full-time employee on Friday, May 31, 2019, the very last day of May. For January through April, her line 14 code would be 1H because she was not an employee of ABC Technologies. For May, her code would be 1E because she was an employee of ABC Technologies in May, even though it was only one day. So for May through December, her line 14 code would be 1E.

Example 2: Todd

Todd started at ABC Technologies as a full-time employee on September 17, 2015. He left the company on Friday, March 1, 2019. For 2019, Todd's line 14 code would be 1E from January through March, because he was an employee of ABC Technologies in March, even though it was only one day. For April through December his Line 14 would be 1H.

Line 15

Line 15 asks for the actual amount of money deducted from an employee's paycheck per month *as if the full-time employee only is enrolled in ABC Technologies' healthcare plan*, even if in actuality the employee's partner/spouse and/or dependents are also enrolled.

How to Determine Line 15

- Determine the monthly healthcare plan cost -- the amount of money deducted from the employee's paycheck monthly -- as if the employee *only* were enrolled in ABC Technologies' healthcare plan. **Do not include the additional plan costs to the employee for an enrolled spouse/partner or dependents.**

- Enter that amount on Line 15. For the months the employee was not an employee of ABC Technologies, enter three dashes (---).

CAUTION: The Line 15 amounts used in all examples are **NOT** the actual monthly healthcare costs for employees of ABC Technologies. You will need to determine the actual monthly cost for the tax year you are filing.

Example 3: Anita

Under ABC Technologies' plan, full-time employees can choose to enroll their partners and/or dependents for coverage. If they do, the cost to the employee -- the amount of money deducted from their paycheck monthly -- is as follows:

- Employee-only: \$10
- Employee+partner: \$15
- Employee+partner+dependents: \$20

Anita is a full-time employee who started on December 23, 2018. She enrolled her spouse/partner and dependents in ABC Technologies' healthcare plan and her coverage started on her start date. Every month, \$20 is deducted from Anita's paycheck, but on Line 15, what you should enter for Anita is \$10.

In other words, Line 15 does not care about who else in Anita's life is actually covered under the plan or that she pays more per month to cover those people. *Line 15 only wants to know what the cost would be to Anita as if only Anita were enrolled.* Table 4 shows the difference between what Anita actually pays and what to enter on her Line 15.

Table 4: Example of Line 15 for Anita

ABC Technologies' Healthcare plan Coverage Options	Monthly Cost to Anita (deducted from her paycheck)	Amount to Enter on Line 15
Employee only	\$10	\$10
Employee+Spouse	\$15	\$10
Employee+Spouse+Dependents	\$20	\$10

Line 16

For each month of the year, Line 16 asks if the full-time employee was enrolled in ABC Technologies' healthcare plan for all, none, or part of the calendar month. And if the employee was not enrolled for the entire month, why not.

Per month, enter the appropriate code on Line 16 as follows:

Employee Status/Coverage	Code
Not an Employee: Employee was not an employee of ABC Technologies for the full calendar month (from the first day of the month through the last day of the month).	2A
Terminated: Employee was enrolled, but not for the entire month because the employee's employment was terminated before the last day of the month.	2B
Enrolled Full Month: Employee was enrolled in the healthcare plan for the full calendar month (from the first day of the month through the last day of the month).	2C
New Hire: Employee was enrolled, but not for the entire month, because the employee started at the company after the first day of the month.	2D
Declined: Employee was eligible to enroll, but declined enrollment in ABC Technologies' healthcare plan.	2F

Examples of Completed Lines 14, 15, and 16

Below are three examples of how to complete Lines 14, 15, and 16.

Example 4: Chuck

Figure 8 shows completed Lines 14, 15, and 16 for Chuck for 2019, based on the following information:

- Chuck's first day of work at ABC Technologies is June 2, 2019 and he is eligible to enroll in ABC Technologies' healthcare plan.
- ABC Technologies offers full-time employees and their partner and/or dependents healthcare plan coverage. The employee has a certain amount of money deducted from their paycheck depending on who is covered. The cost per month is:
 - Employee-only \$10
 - Employee+partner \$15
 - Employee+partner+dependents \$20

- Chuck enrolls himself, his spouse, and his two children in ABC Technologies' healthcare plan. Their coverage started on his first day of work, June 2, 2019.
- Chuck wins the lottery. He resigns from ABC Technologies on November 18, 2019 and moves to Hawaii.

Figure 8: Completed Lines 14, 15, and 16 for Chuck for 2019

Month	Line 14	Line 15	Line 16
January	1H	---	2A
February	1H	---	2A
March	1H	---	2A
April	1H	---	2A
May	1H	---	2A
June	1E	\$10	2D
July	1E	\$10	2C
August	1E	\$10	2C
September	1E	\$10	2C
October	1E	\$10	2C
November	1E	\$10	2B
December	1H	---	2A

Example 5: Lois

Figure 9 shows completed Lines 14, 15, and 16 for Lois for 2019, based on the following information:

- Lois' first day of work at ABC Technologies was October 26, 2015 and she has been eligible to enroll in ABC Technologies' healthcare plan since her start date.
- ABC Technologies offers full-time employees and their partner and/or dependents healthcare plan coverage. The employee has a certain amount of money deducted from their paycheck depending on who is covered. The cost per month is:
 - Employee-only: \$10

- Employee+partner: \$15
 - Employee+partner+dependents: \$20
- Lois enrolled herself and her spouse. Their coverage started on her first day of work, October 26, 2015 and \$15 has been deducted from her paycheck monthly since then.
- Lois had twins this year. She enrolls her children and their coverage begins March 1, 2019. So beginning in March, 2019, \$20 is deducted from her paycheck monthly.
- Lois and her family decide to go onto her husband's insurance starting September 1, 2019, so she un-enrolls from ABC Technologies' plan as of August 31.
- Lois is still a full-time employee at ABC Technologies and still entitled to be covered under the company's healthcare plan, but because she's covered under her husband's insurance, she declines ABC's coverage (Line 16, code 2F).

Figure 9: Completed Lines 14, 15, and 16 for Lois for 2019

Month	Line 14	Line 15	Line 16
January	1E	\$10	2C
February	1E	\$10	2C
March	1E	\$10	2C
April	1E	\$10	2C
May	1E	\$10	2C
June	1E	\$10	2C
July	1E	\$10	2C
August	1E	\$10	2C
September	1E	\$10	2F
October	1E	\$10	2F
November	1E	\$10	2F
December	1E	\$10	2F

All Twelve Months

If Lines 14, 15, and 16 are the same for every month of the year, enter the codes and amount in the All Twelve Months column only. Leave the rest of the months blank.

Example 6: Lisa

Figure 10 shows completed Lines 14, 15, and 16 for Lisa for 2019, based on the following information:

- Lisa's first day of work at ABC Technologies was February 18, 2008 and she has been eligible to enroll in ABC Technologies' healthcare plan since her start date.
- ABC Technologies offers full-time employees and their partner and/or dependents healthcare plan coverage. The employee has a certain amount of money deducted from their paycheck depending on who is covered. The cost per month is:
 - Employee-only: \$10
 - Employee+partner: \$15
 - Employee+partner+dependents: \$20
- Lisa enrolled herself, her spouse, and their children. Their coverage started on her first day of work, February 18, 2008 and has continued since. For all of 2019, \$20 was deducted from her paycheck monthly.

Figure 10: Completed Lines 14, 15, and 16 for Lisa for 2019

For each month of the year, Lisa's Line 14 is 1E, Line 15 is \$10, and Line 16 is 2C. Since Lisa has the same code and amount in lines 14, 15, and 16 for the whole year, you can enter the codes and amount in All Twelve Months. You do not need to fill out any of the individual months.

Month	Line 14	Line 15	Line 16
All Twelve Months	1E	\$10	2C
January	---	---	---
February	---	---	---
March	---	---	---
April	---	---	---
May	---	---	---

Month	Line 14	Line 15	Line 16
June	---	---	---
July	---	---	---
August	---	---	---
September	---	---	---
October	---	---	---
November	---	---	---
December	---	---	---

Example of Spreadsheet with Example Data Entered

Figures 11-14 show what the spreadsheet looks like with the data entered from Examples 1-6 (Rebecca, Todd, Anita, Chuck, Lois, and Lisa) above.

Figure 11: Spreadsheet with Example Data Entered Rows A-M

	Home	Insert	Page Layout	Formulas	Data	Review	View						
1	A	B	C	D	E	F	G	H	I	J	K	L	M
2	Last	First	SSN	Address	City	State	Zip	Hire Date	Term Date	FT Employee	Enroll	Start Date	End Date
3	Burns	Todd	333-33-3333	11 Cherry Road	Happyville	MA	22222	09/17/15	3/1/19	Y	Y	09/17/15	3/1/19
4	Fleischmann	Lisa	222-22-2222	99 Main Street	Everytown	MA	98989-8989	02/18/08	n/a	Y	Y	02/18/08	n/a
5	Kliberg	Lois	111-11-1111	321 Elm Street	Anycity	MA	11111-1111	10/26/15	n/a	Y	Y	10/26/15	8/31/19
6	Lewis	Rebecca	444-44-4444	1 State Street	Anyburg	MA	88888-1111	05/31/19	n/a	Y	Y	05/31/19	n/a
7	Murray	Charles	999-99-9999	123 Maple Street	Anytown	MA	99999	06/02/19	11/18/19	Y	Y	06/02/19	11/18/19
8	Weiner	Anita	000-00-0000	801 Eno Lane	Roxyville	MA	11111	12/23/18	n/a	Y	Y	12/23/18	n/a

Figure 12: Spreadsheet with Example Data Entered Rows N-Y

	Home	Insert	Page Layout	Formulas	Data	Review	View							
1	A	B	N	O	P	Q	R	S	T	U	V	W	X	Y
All Twelve Months														
2	Last	First	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16
3	Burns	Todd	---	---	---	1E	\$10	2C	1E	\$10	2C	1E	\$10	2B
4	Fleischmann	Lisa	1E	\$10	2C	---	---	---	---	---	---	---	---	---
5	Kliberg	Lois	---	---	---	1E	\$10	2C	1E	\$10	2C	1E	\$10	2C
6	Lewis	Rebecca	---	---	---	1H	---	2A	1H	---	2A	1H	---	2A
7	Murray	Charles	---	---	---	1H	---	2A	1H	---	2A	1H	---	2A
8	Weiner	Anita	1E	\$10	2C	---	---	---	---	---	---	---	---	---

Figure 13: Spreadsheet with Example Data Entered Rows Z-AK

		A		B		Z			AA			AB			AC			AD			AE			AF			AG			AH			AI			AJ			AK		
						April			May						June						July																				
1	Last	First				Line 14	Line 15	Line 16	Line 14	Line 15	Line 16				Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16						
2	Burns	Todd				1H	---	2A	1H	---	2A				1H	---	2A	1H	---	2A	1H	---	2A	1E	\$10	2C															
3	Fleischmann	Lisa				---	---	---	---	---	---				---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---							
4	Kilberg	Lois				1E	\$10	2C	1E	\$10	2C				1E	\$10	2C																								
5	Lewis	Rebecca				1H	---	2A	1E	\$10	2D				1E	\$10	2D																								
6	Murray	Charles				1H	---	2A	1H	---	2A				1H	---	2A	1H	---	2A	1H	---	2A	1E	\$10	2D	1E	\$10	2C	1E	\$10	2C	1E	\$10	2C						
7	Weiner	Anita				---	---	---	---	---	---				---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---							
8																																									

Figure 14: Spreadsheet with Example Data Entered Rows AL-AZ

		A		B		AL			AM			AN			AO			AP			AQ			AR			AS			AT			AU			AV			AW			AX			AY			AZ		
						August			September						October						November						December																							
1	Last	First				Line 14	Line 15	Line 16	Line 14	Line 15	Line 16				Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16	Line 14	Line 15	Line 16															
2	Burns	Todd				1H	---	2A	1H	---	2A				1H	---	2A	1H	---	2A	1H	---	2A	1E	\$10	2F	1E	\$10	2F	1E	\$10	2F	1E	\$10	2F															
3	Fleischmann	Lisa				---	---	---	---	---	---				---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---															
4	Kilberg	Lois				1E	\$10	2C	1E	\$10	2F				1E	\$10	2F	1E	\$10	2C	1E	\$10	2C	1E	\$10	2C	1E	\$10	2C	1E	\$10	2C	1E	\$10	2C															
5	Lewis	Rebecca				1E	\$10	2C	1E	\$10	2C				1E	\$10	2C	1E	\$10	2C	1E	\$10	2C	1E	\$10	2C	1E	\$10	2C	1E	\$10	2C	1E	\$10	2C															
6	Murray	Charles				1E	\$10	2C	1E	\$10	2C				1E	\$10	2C	1E	\$10	2C	1E	\$10	2B	1H	---	2A	1E	\$10	2C	1E	\$10	2C	1E	\$10	2C															
7	Weiner	Anita				---	---	---	---	---	---				---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---															
8																																																		

Example of Completed 1095-C Forms with Example Data Entered

Below are examples of completed Parts I and II of 1095-C forms with the example data entered. Since you do not need to complete Part III, it is only partially shown.

NOTE: The Plan Start Month is the month of the year that ABC Technologies Inc.'s healthcare plan renews. Historically, our Plan Start Month is January. So enter "01" on every employee's 1095-C. If that month changes, enter the 2-digit number of the new Plan Start Month (for example, for May, you would enter "05").

Example 7: Todd

Plan Start Month: This is the month of the year that the company's annual healthcare plan renews. Historically, ABC Technologies, Inc.'s Plan Start Month is January (01). If that month changes, enter that month's 2-digit number (for example, May (05)).

Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage ► Do not attach to your tax return. Keep for your records. ► Go to www.irs.gov/Form1095C for instructions and the latest information.										<input type="checkbox"/> VOID	OMB No. 1545-2251						
												<input type="checkbox"/> CORRECTED	2018						
Part I Employee		Applicable Large Employer Member (Employer)																	
1 Name of employee (first name, middle initial, last name) Todd Burns		2 Social security number (SSN) 333-33-3333		7 Name of employer ABC Technologies, Inc.		8 Employer identification number (EIN) 11-1111111													
3 Street address (including apartment no.) 11 Cherry Road		9 Street address (including room or suite no.) 1313 Mockingbird Lane		10 Contact telephone number 617-555-5555															
4 City or town Happerville		5 State or province MA		6 Country and ZIP or foreign postal code 22222		11 City or town Munster		12 State or province MA		13 Country and ZIP or foreign postal code 90210-1010									
Part II Employee Offer of Coverage												Plan Start Month (enter 2-digit number): 01							
14 Offer of Coverage (enter required code) 1E		15 Employee Required Contribution (see instructions) \$ 10		16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C		17		18		19									
All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec							
Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																			
(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or other TIN		(c) DOB (if SSN or other TIN is not available)		(d) Covered all 12 months		(e) Months of Coverage											
						<input type="checkbox"/>		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
						<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"/>
						<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"/>		<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"/>	

Example 8: Lisa

Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage ► Do not attach to your tax return. Keep for your records. ► Go to www.irs.gov/Form1095C for instructions and the latest information.										<input type="checkbox"/> VOID	OMB No. 1545-2251						
												<input type="checkbox"/> CORRECTED	2018						
Part I Employee		Applicable Large Employer Member (Employer)																	
1 Name of employee (first name, middle initial, last name) Lisa Fleischmann		2 Social security number (SSN) 222-22-2222		7 Name of employer ABC Technologies, Inc.		8 Employer identification number (EIN) 11-1111111													
3 Street address (including apartment no.) 99 Main Street		9 Street address (including room or suite no.) 1313 Mockingbird Lane		10 Contact telephone number 617-555-5555															
4 City or town Everytown		5 State or province MA		6 Country and ZIP or foreign postal code 98989-8989		11 City or town Munster		12 State or province MA		13 Country and ZIP or foreign postal code 90210-1010									
Part II Employee Offer of Coverage												Plan Start Month (enter 2-digit number): 01							
14 Offer of Coverage (enter required code) 1E		15 Employee Required Contribution (see instructions) \$ 10		16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C		17		18		19									
All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec							
Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																			
(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or other TIN		(c) DOB (if SSN or other TIN is not available)		(d) Covered all 12 months		(e) Months of Coverage											
						<input type="checkbox"/>		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
						<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Example 9: Lois

1095-C Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage ► Do not attach to your tax return. Keep for your records. ► Go to www.irs.gov/Form1095C for instructions and the latest information.										Applicable Large Employer Member (Employer)							
												<input type="checkbox"/> VOID	OMB No. 1545-2251						
												<input type="checkbox"/> CORRECTED	2018						
Part I Employee		1 Name of employee (first name, middle initial, last name) Lois Kilberg					2 Social security number (SSN) 111-11-1111					7 Name of employer ABC Technologies, Inc.		8 Employer identification number (EIN) 11-1111111					
3 Street address (including apartment no.) 321 Elm Street							9 Street address (including room or suite no.) 1313 Mockingbird Lane					10 Contact telephone number 617-555-5555							
4 City or town Anycity		5 State or province MA		6 Country and ZIP or foreign postal code 11111-1111			11 City or town Munster		12 State or province MA			13 Country and ZIP or foreign postal code 90210-1010							
Plan Start Month (enter 2-digit number): 01																			
Part II Employee Offer of Coverage		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec					
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E						
15 Employee Required Contribution (see instructions)	\$	\$ 10 \$	\$ 10 \$	\$ 10 \$	\$ 10 \$	\$ 10 \$	\$ 10 \$	\$ 10 \$	\$ 10 \$	\$ 10 \$	\$ 10 \$	\$ 10 \$	\$ 10 \$						
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2F	2F	2F	2F						
Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																			
(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or other TIN		(c) DOB (if SSN or other TIN is not available)		(d) Covered all 12 months		(e) Months of Coverage											
17						<input type="checkbox"/>		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18						<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"/>	
19						<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"/>		

Example 10: Rebecca

1095-C Form 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage ► Do not attach to your tax return. Keep for your records. ► Go to www.irs.gov/Form1095C for instructions and the latest information.										Applicable Large Employer Member (Employer)				
												<input type="checkbox"/> VOID	OMB No. 1545-2251			
												<input type="checkbox"/> CORRECTED	2018			
Part I Employee		1 Name of employee (first name, middle initial, last name) Rebecca Lewis					2 Social security number (SSN) 444-44-4444					7 Name of employer ABC Technologies, Inc.		8 Employer identification number (EIN) 11-1111111		
3 Street address (including apartment no.) 1 State Street							9 Street address (including room or suite no.) 1313 Mockingbird Lane					10 Contact telephone number 617-555-5555				
4 City or town Anyburg		5 State or province MA		6 Country and ZIP or foreign postal code 88888-1111			11 City or town Munster		12 State or province MA			13 Country and ZIP or foreign postal code 90210-1010				
Plan Start Month (enter 2-digit number): 01																
Part II Employee Offer of Coverage		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E			
15 Employee Required Contribution (see instructions)	\$	\$ --- \$	\$ --- \$	\$ --- \$	\$ --- \$	10 \$	10 \$	10 \$	10 \$	10 \$	10 \$	10 \$	10 \$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2C	2C			
Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																
(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or other TIN		(c) DOB (if SSN or other TIN is not available)		(d) Covered all 12 months		(e) Months of Coverage								
17						<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"/>
18						<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"/>	
19						<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"/>	

Example 11: Chuck

Employer-Provided Health Insurance Offer and Coverage									Applicable Large Employer Member (Employer)												
Form 1095-C Department of the Treasury Internal Revenue Service			► Do not attach to your tax return. Keep for your records. ► Go to www.irs.gov/Form1095C for instructions and the latest information.						<input type="checkbox"/> VOID	OMB No. 1545-2251											
									<input type="checkbox"/> CORRECTED	2018											
Part I Employee																					
1 Name of employee (first name, middle initial, last name) Charles Murray		2 Social security number (SSN) 999-99-9999		7 Name of employer ABC Technologies, Inc.		8 Employer identification number (EIN) 11-1111111															
3 Street address (including apartment no.) 123 Maple Street		6 Country and ZIP or foreign postal code 99999		9 Street address (including room or suite no.) 1313 Mockingbird Lane		10 Contact telephone number 617-555-5555															
4 City or town Anytown		5 State or province MA		11 City or town Munster		12 State or province MA		13 Country and ZIP or foreign postal code 90210-1010													
									Plan Start Month (enter 2-digit number):	01											
									All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1H							
15 Employee Required Contribution (see instructions)	\$	\$	---\$	---\$	---\$	---\$	10\$	10\$	10\$	10\$	10\$	10\$	10\$	---							
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2B	2A							
Part III Covered Individuals									If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>												
(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN		(c) DOB (if SSN or other TIN is not available)		(d) Covered all 12 months	(e) Months of Coverage													
							<input type="checkbox"/>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
17								<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"/>		
18								<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"/>		
19								<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"/>		

Example 12: Anita

Employer-Provided Health Insurance Offer and Coverage									Applicable Large Employer Member (Employer)												
Form 1095-C Department of the Treasury Internal Revenue Service			► Do not attach to your tax return. Keep for your records. ► Go to www.irs.gov/Form1095C for instructions and the latest information.						<input type="checkbox"/> VOID	OMB No. 1545-2251											
									<input type="checkbox"/> CORRECTED	2018											
Part I Employee																					
1 Name of employee (first name, middle initial, last name) Anita Weiner		2 Social security number (SSN) 000-00-0000		7 Name of employer ABC Technologies, Inc.		8 Employer identification number (EIN) 11-1111111															
3 Street address (including apartment no.) 801 Eno Lane		6 Country and ZIP or foreign postal code 11111		9 Street address (including room or suite no.) 1313 Mockingbird Lane		10 Contact telephone number 617-555-5555															
4 City or town Roxyville		5 State or province MA		11 City or town Munster		12 State or province MA		13 Country and ZIP or foreign postal code 90210-1010													
									Plan Start Month (enter 2-digit number):	01											
									All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E																			
15 Employee Required Contribution (see instructions)	\$	10\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$							
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C																			
Part III Covered Individuals									If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>												
(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN		(c) DOB (if SSN or other TIN is not available)		(d) Covered all 12 months	(e) Months of Coverage													
							<input type="checkbox"/>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
17								<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"/>			
18								<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"/>			
19								<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"/>			

Optional: Color- or Pattern-Coding Spreadsheet

Color- or pattern-coding the spreadsheet can make checking and processing 1095-C forms more efficient. Designate any color or pattern for the suggested categories and use the fill tool to fill in each row with the appropriate color/pattern. Then sort the spreadsheet first by those colors/patterns and then alphabetical within each color/pattern group.

Suggested Categories:

1. Employee terminated during the designated tax year.
2. Employee made a change to their coverage during the designated tax year.
3. Employee started (new hire) during the designated tax year.
4. Employee had same coverage All Twelve Months

Figure 15 below shows an example of a color-coded spreadsheet. The categories/colors used are:

1. Red: Terminated
2. Orange: Coverage Change
3. Green: New Hire
4. No Color: All Twelve Months

Figure 15: Example of Color-Coded Spreadsheet

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P				
1	Last	First	SSN	Address	City	State	Zip	Hire Date	Term Date	FT Employee	Enroll	Start Date	End Date	Line 14	Line 15	Line 16	Li			
2	Last	First	SSN	Address	City	State	Zip	Hire Date	Term Date	FT Employee	Enroll	Start Date	End Date	Line 14	Line 15	Line 16	Li			
3	Burns	Todd	333-33-3333	11 Cherry Road	Happyville	MA	22222	09/17/15	09/01/19	Y	Y	09/17/15	09/01/19	---	---	---	---			
4	Murray	Charles	999-99-9999	123 Maple Street	Anytown	MA	99999	06/02/19	11/18/19	Y	Y	06/02/19	11/18/19	---	---	---	---	---	---	---
5	Kilberg	Lois	111-11-1111	321 Elm Street	Anycity	MA	11111-1111	10/26/15		Y	Y	10/26/15	08/31/19	---	---	---	---	---	---	---
6	Lewis	Rebecca	444-44-4444	1 State Street	Anyburg	MA	88888-1111	05/31/19		Y	Y	05/31/19	n/a	---	---	---	---	---	---	---
7	Fleischmann	Usa	222-22-2222	99 Main Street	Everytown	MA	98989-8989	02/18/08		Y	Y	02/18/08	n/a	1E	\$10	2C				
8	Weiner	Anita	000-00-0000	801 Eno Lane	Roxyville	MA	11111	12/23/18		Y	Y	12/23/18	n/a	1E	\$10	2C				
9																				

Tips on In-House Processing, Printing, and Filing of 1095-C Forms

The 1095-C form is available online as a fillable pdf document.

Processing 1095-C Forms

1. Download the 1095-C pdf for your tax year at <https://www.irs.gov/forms-pubs/about-form-1095-c>.
2. Enter the company information in boxes 7-13 (click or tab between boxes).
3. Save the original pdf.
4. When you are ready to enter data for an employee:
 - a. Open the original pdf.
 - b. Under File, click Duplicate. A duplicate pdf will appear.
 - c. Under File, click Rename. A Save As box will appear.

- d. Enter a new name (suggested: employee last name, first name) and click Save.
 - e. The company information should already be filled. (If not, enter that data.)
 - f. Enter all of the data for that employee (click or tab between boxes).
 - g. Save the pdf. You are done with that employee.
5. To enter a new employee, open the original pdf again and repeat the instructions starting at #4.

Print 1095-C Forms in Landscape

Print 1095-C forms in landscape. The IRS is very particular about the page orientation and will not accept forms submitted in portrait.

Which Pages of the 1095-C to File with the IRS and Which to Send to the Employee

To the IRS, send only Page 1 of the 1095-C form.

To the employee, send Pages 1 and 2. If possible, print those pages double-sided on one piece of paper.

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