

Section 6056 Reporting Workbook Instructional Guide

Step-by-step Instructions for the Section 6056 Reporting Workbook

The Section 6056 Reporting Workbook can be used to help employers record the information needed to satisfy new reporting requirements added by the Affordable Care Act (ACA), under Internal Revenue Code Section 6056. This new reporting provision requires applicable large employers (ALEs) subject to the ACA's employer shared responsibility rules to report information to the IRS and to full-time employees about offers of health coverage and enrollment in health coverage for their full-time employees. **Reporting under Section 6056 is first required in early 2016 for coverage offered (or not offered) in 2015.**

Section 6056 Reporting Workbook
Brought to you by [B, OfficialName]

This tool can be used to record the information that will be needed to satisfy new reporting requirements added by the Affordable Care Act (ACA), under Internal Revenue Code Section 6056. Reporting under Section 6056 is first required in early 2016 for coverage offered (or not offered) in 2015.

Under Section 6056, applicable large employers (ALEs) will use **Form 1094-C** and **Form 1095-C** to report information to the IRS about offers of health coverage and enrollment in health coverage for their full-time employees. ALEs that offer self-insured coverage will also use Form 1095-C to report information about individuals who are covered under the self-insured plan. Related statements must also be provided to all full-time employees.

- **Form 1094-C** is a transmittal that reports summary information for each employer and transmits Forms 1095-C to the IRS.
- **Form 1095-C** is an employee statement that reports information about each full-time employee.

The IRS will use these forms when determining whether an employer owes penalties under the ACA's employer shared responsibility rules, as well as in determining employee eligibility for premium tax credits.

If you have any questions, feel free to click on the links to the left for more information, including access to draft forms and instructions released by the IRS. To record your information in this tool, click **START**.

Contact [B, OfficialName] if you need more information or are interested in a tool that will help you determine whether your company is an ALE.

Please note that the information contained in this workbook is based on draft Forms 1094-C and 1095-C and related instructions provided by the Internal Revenue Service. These forms and instructions are in draft versions only, and have not been finalized by the Internal Revenue Service. This workbook should not be filed with the Internal Revenue Service or relied upon for filing.

This workbook is solely intended to assist employers in recording the information required to be reported under Internal Revenue Code Section 6056. The information contained herein is provided for informational purposes only and does not necessarily address all of the information that must be filed with the Internal Revenue Service under Internal Revenue Code Section 6056. Results are dependent on entry of complete and accurate data and may be affected by guidance issued by various regulatory agencies and actual implementation of the Affordable Care Act and Internal Revenue Code. This workbook and the information contained herein should not be construed as legal advice. Users should contact legal counsel for legal advice on specific situations and application of the Internal Revenue Code Section 6056 rules to the user's plan. Users are responsible for ensuring that all information entered in this workbook and/or used with the Internal Revenue Service complies with all applicable requirements. © 2012 Zwave, Inc. All rights reserved.

The Section 6056 Reporting Workbook does not generate any IRS forms or complete any sections of IRS forms for reporting entities. Instead, the Reporting Workbook is intended to help reporting entities record and keep track of the information needed in order to do this reporting. The Section 6056 Reporting Workbook should not be filed with the IRS or relied upon for filing.

Also, please note that the information contained in the Section 6056 Reporting Workbook and this Instructional Guide is based on draft forms and instructions provided by the IRS. These forms and instructions are in draft versions only, and have not been finalized by the IRS. More information is available in the [Section 6056 final regulations](#), [IRS Q&As](#) and the [draft forms and instructions](#).

OVERVIEW OF THE SECTION 6056 REPORTING WORKBOOK

The Section 6056 Reporting Workbook is intended to be used by applicable large employers (ALEs) subject to the ACA's employer shared responsibility rules. An ALE is an employer that employed, on average, at least 50 full-time employees (including full-time equivalent employees) on business days during the prior calendar year.

ALEs that have 50 to 99 full-time employees (including full-time equivalent employees) on business days during 2014 may qualify for a one-year delay from the employer shared responsibility rules, until 2016. **However, reporting under Section 6056 for 2015 is still required for these employers.**

Each page of the Section 6056 Reporting Workbook where information must be entered corresponds to a specific form that must be filed with the IRS under Section 6056. Each page indicates the IRS form number, as well as the part and line

of the form, to which the specific information on that page relates. The forms that must be filed with the IRS under Section 6056 include:

- **Form 1094-C**, which is a transmittal that reports summary information for each employer and transmits Forms 1095-C to the IRS; and
- **Form 1095-C**, which is an employee statement that must be filed for each full-time employee to report information about the health coverage offered (or not offered) to each full-time employee.

This Instructional Guide is divided into sections based on each page of the Section 6056 Reporting Workbook. It provides step-by-step instructions for using the Section 6056 Reporting Workbook, as well as helpful hints and tips. It also provides some limited background information when necessary.

PAGE 1—WELCOME

This page provides a basic overview of the Section 6056 reporting requirements, and allows users to easily navigate to various other pages of the Reporting Workbook for more information or to begin recording data.



TIP: Helpful hints and useful information are provided throughout the Section 6056 Reporting Workbook. Use your cursor to hover over the red question marks in the Workbook (like the one shown on the left here) to view the information.

HOME

Each page of the Reporting Workbook will have a “HOME” button in the upper left corner (indicated either as “HOME” or using this symbol: ). By clicking the “HOME” button, the tool will navigate the user to the *Welcome* page.

START

Use the “START” button to begin recording the information needed to satisfy the Section 6056 reporting requirements. By clicking the “START” button, the tool will navigate the user to the first page where information must be recorded—the *Form 1094-C Basic Employer Information* page.

Background

Use the “Background” button to read background information on the Section 6056 reporting requirements. By clicking the “Background” button, the tool will navigate the user to the *Background* page, which provides a basic overview of the Section 6056 reporting requirements.

IRS Guidance

Use the “IRS Guidance” button to access official guidance issued by the IRS on the Section 6056 reporting requirements. By clicking the “IRS Guidance” button, the tool will navigate the user to the *IRS Guidance* page, which provides links to the IRS’ final regulations, Q&As and draft forms and instructions.

More Info

Use the “More Info” button to explore more detailed information on the Section 6056 reporting requirements. By clicking the “More Info” button, the tool will navigate the user to the *More Information* page, which provides access to specific information related to Section 6056 reporting.

PAGE 2—FORM 1094-C: BASIC EMPLOYER INFORMATION

This page is used to record basic identifier and contact information for the employer that is needed to complete Form 1094-C, *Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns*. Some of the information recorded on this page may also be helpful for completing Part I of Form 1095-C, *Employer-Provided Health Insurance Offer and Coverage*.

The light green box on this page contains instructions for using the *Form 1094-C: Basic Employer Information* page. The light green box also contains a note on the Authoritative Transmittal. In general, one Form 1094-C (called the Authoritative Transmittal) must be filed for each ALE to report aggregate employer-level data for all full-time employees, even in cases in which multiple Forms 1094-C are filed by (or on behalf of) the ALE. This Form 1094-C must be identified as the Authoritative Transmittal on line 19 of Part II. For example, if an ALE has prepared a separate Form 1094-C for each of its two divisions to transmit Forms 1095-C for each division's full-time employees, one of the Forms 1094-C filed must be designated as the Authoritative Transmittal and report aggregate employer-level data for all full-time employees of the ALE (the employees of both divisions).

Note: The Section 6056 Reporting Workbook does not distinguish between the Authoritative Transmittal and any other Forms 1094-C that may be filed by (or on behalf of) the ALE. Users are responsible for identifying an Authoritative Transmittal when filing with the IRS, and for ensuring that all information entered and/or filed with the IRS complies with all applicable requirements.

General Information

In the dark green "General Information" box:

- **Enter the total number of Forms 1095-C submitted with the Form 1094-C transmittal.** In general, one Form 1095-C must be filed for each of the ALE's full-time employees, regardless of whether coverage was offered to each full-time employee. There must be **only one** Form 1095-C for each full-time employee for employment with that ALE. For example, if an ALE separately reports for the full-time employees of its two divisions, the ALE must combine the information for any employee who worked at both divisions during the calendar year, so that there is only a single Form 1095-C for that employee, which reports information for all 12 months of the calendar year.
- **Certify using the drop-down menu whether a designated government entity (DGE) is filing on behalf of the ALE.** In general, an ALE that is a governmental unit may report under Section 6056 on its own behalf or may appropriately designate another person (or persons) that is part of or related to the same governmental unit to report on its behalf. If "Yes" is selected in the drop-down menu, an additional section will appear on this page where additional information will need to be entered.
- **Certify using the drop-down menu whether the ALE was a member of an Aggregated ALE Group during any month of the calendar year.** For purposes of determining whether an employer is an ALE, all persons treated as a single employer under Code Section 414(b), (c), (m) or (o) are treated as one ALE, called an Aggregated ALE Group. If an ALE is made up of only one person or entity, that one ALE is not a part of an Aggregated ALE Group. For purposes of Section 6056 reporting, each ALE member must file a return with the IRS and furnish a statement to its full-time employees, using its own EIN, even if a particular company or

companies individually do not employ enough employees to qualify as an ALE. If “Yes” is selected in the drop-down menu, an additional section will appear on this page where additional information will need to be entered.

Employer (Part I, Lines 1-6)

The “Employer” section relates to identifier and contact information for the ALE. Under this section:

- Enter employer’s name.
- Enter the employer’s nine-digit employer identification number (EIN). A valid EIN is required at the time any Form 1094-C is filed. If a valid EIN is not provided, the Form 1094-C will not be processed. A Social Security number (SSN) may not be entered in lieu of an EIN. If the employer does not have an EIN, it may apply for one online at [IRS.gov](https://www.irs.gov), or by faxing or mailing [Form SS-4, Application for Employer Identification Number](#), to the IRS. See the [Instructions for Form SS-4](#), or [Publication 1635, Employer Identification Number](#), for more information.
- Enter the employer’s complete address (including room or suite number, if applicable). This address should match the employer’s address used on the Form 1095-C.

Employer's Contact Person (Part I, Lines 7-8)

The “Employer’s Contact Person” section relates to identifier and contact information for the ALE’s person to contact who is responsible for answering any questions. In this section, enter the name and telephone number of the contact person.

Designated Government Entity (DGE) (Part I, Lines 9-14)

If “Yes” is selected in the drop-down menu to certify that a DGE is filing on behalf of the ALE, this section will appear. If “No” is selected in the drop-down menu to certify that a DGE is not filing on behalf of the ALE, this section does not have to be completed. If a DGE is filing on behalf of the ALE, the following additional identifier and contact information will need to be entered for the DGE under this section:

- Enter the DGE’s name.
- Enter the DGE’s EIN. A valid EIN for the DGE is required at the time any Form 1094-C is filed by the DGE on behalf of an ALE. If a valid EIN is not provided, the Form 1094-C will not be processed. A Social Security number (SSN) may not be entered in lieu of an EIN. If the DGE does not have an EIN, it may apply for one online at [IRS.gov](https://www.irs.gov), or by faxing or mailing [Form SS-4, Application for Employer Identification Number](#), to the IRS. See the [Instructions for Form SS-4](#), or [Publication 1635, Employer Identification Number](#), for more information.
- Enter the DGE’s complete address (including room or suite number, if applicable).
- Enter the name and telephone number of the DGE’s contact person responsible for answering any questions.

Aggregated ALE Group (Part IV)

If “Yes” is selected in the drop-down menu to certify that the ALE was a member of an Aggregated ALE Group during one or more months of the calendar year, this section will appear. If “No” is selected in the drop-down menu to certify that the ALE was not a member of an Aggregated ALE Group during any month of the calendar year, this section does not have to be completed. If the ALE was a member of an Aggregated ALE Group for any month of the calendar year, enter the

name(s) and EIN(s) of up to 30 of the other Aggregated ALE Group members in descending order, listing first the member with the highest average monthly number of full-time employees. If there are more than 30 members of the Aggregated ALE Group, enter the 30 with the highest monthly average number of full-time employees for the year (or for the number of months during which the ALE Member was a member of the Aggregated ALE Group).



Click the “HOME” button to return to the *Welcome* page.



Click the “NEXT” button to continue to the next page—the *Form 1094-C: Detailed Employer Information* page.



Click the “BACK” button to return to the previous page.

PAGE 3—FORM 1094-C: DETAILED EMPLOYER INFORMATION

This page is used to record more detailed information for the employer that is needed to complete certain parts of Form 1094-C, *Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns*. The light green box on this page contains background information on the parts of Form 1094-C to which the information on this page relates. Line 22 of Part II on Form 1094-C requires each ALE to certify whether it is eligible for certain special rules under the Section 6056 reporting requirements or the Section 4980H employer shared responsibility rules. Also, Part III of Form 1095-C requires each ALE to provide certain information on a monthly basis.

Certifications of Eligibility (Part II, Line 22)

Under the “Certifications of Eligibility” section, the ALE will certify whether it meets the eligibility requirements and is using one of the alternative methods of reporting under Section 6056 and/or one of the forms of transition relief under the Section 4980H employer shared responsibility rules. The alternative methods of reporting under Section 6056 allow ALEs to report simplified Section 6056 return information to the IRS and provide simplified employee statements for certain employees. The transition relief under the Section 4980H provides some relief from penalties for certain ALEs.

A. Qualifying Offer Method

In the “Qualifying Offer Method” box, certify (by selecting “Yes” or “No” in the drop-down menu) whether the ALE is eligible for, and is using, the Qualifying Offer Method for one or more full-time employees. The Qualifying Offer Method is an alternative reporting method available to ALEs that made a Qualifying Offer to one or more full-time employees for all months of the year. To be eligible to use the Qualifying Offer Method, the ALE must:

- Offer minimum essential coverage providing minimum value to one or more full-time employees for all 12 months during the calendar year for which the employee was a full-time employee for whom a Section 4980H employer shared responsibility penalty could apply, at an employee cost for employee-only coverage for each month not exceeding 9.5 percent of the mainland single federal poverty line; and
- Offer minimum essential coverage to the employee’s spouse and dependents (if any).

Note: **These rules are separate from the employer shared responsibility rules.** Although the employer shared responsibility rules do not require employers to offer spousal coverage, employers that wish to use the Qualifying Offer Method to report under Section 6056 must offer minimum essential coverage to spouses and dependent children. Employers that are not eligible to use the Qualifying Offer Method must use the general method of reporting under Section 6056.

Also, the employer shared responsibility final rules provide transition relief for certain employers that do not offer dependent coverage in 2015. An employer using this transition relief will not be treated as offering dependent coverage under the Qualifying Offer Method.

Click the link provided in the “Qualifying Offer Method” box for more information on the Qualifying Offer Method.

B. Qualifying Offer Method Transition Relief

In the “Qualifying Offer Method Transition Relief” box, certify (by selecting “Yes” or “No” in the drop-down menu) whether the ALE is eligible for, and is using, the Qualifying Offer Method Transition Relief for 2015. The Qualifying Offer Method Transition Relief for 2015 is available to ALEs that made a Qualifying Offer to at least 95 percent of their full-time employees in 2015. Solely for 2015, ALEs that made a Qualifying Offer to at least 95 percent of their full-time employees (and their spouses and dependents) may report under Section 6056 using the Qualifying Offer Method for all employees.

Note: **These rules are separate from the employer shared responsibility rules.** Although the employer shared responsibility rules allow employers to satisfy the “substantially all” standard by offering coverage to 70% of their employees (and dependents) in 2015, employers that wish to use the Qualifying Offer Method Transition Relief to report under Section 6056 must offer coverage to at least 95% of their employees in 2015. Employers that are not eligible to use the Qualifying Offer Method Transition Relief must use the general method of reporting under Section 6056.

Click the link provided in the “Qualifying Offer Method Transition Relief” box for more information on the Qualifying Offer Method Transition Relief for 2015.

C. Section 4980H Transition Relief Based on Number of Full-Time Employees

In the “Section 4980H Transition Relief Based on Number of Full-Time Employees” box, certify (by selecting “Yes” or “No” in the drop-down menu) whether either of the two Section 4980H Transition Relief Based on Number of Full-Time Employees apply for the ALE. If certain eligibility conditions are met, an ALE may be eligible for one of the following two types of 2015 transition relief under the Section 4980H employer shared responsibility rules, based on the ALE’s number of full-time (and full-time equivalent, or FTE) employees.

- **50-99 Transition Relief:** If certain eligibility conditions are met, an ALE that has 50 to 99 full-time (and FTE) employees on business days in 2014 will not be subject to a Section 4980H penalty for any month in 2015.
- **100 or More Transition Relief:** If an ALE that has 100 or more full-time (and FTE) employees on business days in 2014 is subject to a Section 4980H(a) penalty in 2015 for failing to offer coverage to substantially all full-time employees and dependents, the ALE may reduce its number of full-time employees by 80 (rather than by 30) when calculating the penalty amount.

Click the link provided in the “Section 4980H Transition Relief Based on Number of Full-Time Employees” box for more information on the two types of Section 4980H Transition Relief Based on Number of Full-Time Employees.

D. 98% Offer Method

In the “98% Offer Method” box, certify (by selecting “Yes” or “No” in the drop-down menu) whether the ALE is eligible for, and is using, the 98% Offer Method. The 98% Offer Method is an alternative reporting method available to ALEs that, for all months of the calendar year, offered affordable, minimum value coverage to at least 98 percent of their employees (and dependents) that are reported on a Form 1095-C filed for the ALE.

Note: These rules are separate from the employer shared responsibility rules. Although the employer shared responsibility rules allow employers to satisfy the “substantially all” standard by offering coverage to 70% of their employees (and dependents) in 2015, employers that wish to use the 98% Offer Method to report under Section 6056 must offer coverage to at least 98% of their employees (and dependents) that are reported on a Form 1095-C filed for the ALE. Employers that are not eligible to use the 98% Offer Method must use the general method of reporting under Section 6056.

Click the link provided in the “98% Offer Method” box for more information on the 98% Offer Method.

Monthly Information (Part III)

Under the “Monthly Information” section, ALEs will provide certain information on a monthly basis using the table provided. This information is needed to complete Part III of Form 1094-C. Note that some rows in this table may not be available, based on answers previously selected.

There are grey instructional boxes below the table, which provide specific instructions on how to complete each line.

(a) Minimum Essential Coverage Offer Indicator

On the “Minimum Essential Coverage Offer Indicator” line of the table, indicate whether the ALE offered minimum essential coverage under an employer-sponsored plan to substantially all full-time employees and dependents for each month of the calendar year. Click the link provided in the grey “Minimum Essential Coverage Offer Indicator” instructional box for more information on offers of minimum essential coverage.

- For each month in 2015 (and any months of the 2015 plan year that fall in 2016, for non-calendar year plans), an ALE satisfies the “substantially all” standard if it offers coverage to **at least 70 percent** of its full-time employees (and dependents).
- For years after 2015, an ALE satisfies the “substantially all” standard if it offers coverage to **at least 95 percent** of its full-time employees (and dependents). If the ALE offered coverage to **all but five** of its full-time employees (and dependents), and if five is greater than 5 percent of the ALE’s number of full-time employees, the ALE may report for each month as if it offered coverage to at least 95 percent of its full-time employees (and dependents).

If the ALE offered coverage to substantially all full-time employees (and dependents) **for the entire calendar year:**

Select “**Yes**” in the “**ALL**” box

ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Yes												

<p>If the ALE offered coverage to substantially all full-time employees (and dependents) only for certain months of the calendar year:</p> <ul style="list-style-type: none"> Select “Yes” in the applicable box for the months coverage was offered Select “No” in the applicable box for the months coverage was not offered 	<table border="1"> <thead> <tr> <th>ALL</th> <th>JAN</th> <th>FEB</th> <th>MAR</th> <th>APR</th> <th>MAY</th> <th>JUN</th> <th>JUL</th> <th>AUG</th> <th>SEP</th> <th>OCT</th> <th>NOV</th> <th>DEC</th> </tr> </thead> <tbody> <tr> <td></td> <td>No</td> <td>No</td> <td>No</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> </tr> </tbody> </table>	ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		No	No	No	Yes								
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<p>If the ALE did not offer coverage to substantially all full-time employees (and dependents) for any month of the calendar year:</p> <p>Select “No” in the “ALL” box</p>	<table border="1"> <thead> <tr> <th>ALL</th> <th>JAN</th> <th>FEB</th> <th>MAR</th> <th>APR</th> <th>MAY</th> <th>JUN</th> <th>JUL</th> <th>AUG</th> <th>SEP</th> <th>OCT</th> <th>NOV</th> <th>DEC</th> </tr> </thead> <tbody> <tr> <td>No</td> <td></td> </tr> </tbody> </table>	ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	No												
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No																											

Note: An employee in a Limited Non-Assessment Period is not counted in determining whether minimum essential coverage was offered to substantially all of an ALE’s full-time employees (and dependents). Click the link in the grey “Minimum Essential Coverage Offer Indicator” instructional box for more information on Limited Non-Assessment Periods.

(b) Full-Time Employee Count for ALE

On the “Full-Time Employee Count for ALE” line of the table, enter the ALE’s number of **full-time employees for each month**, but do not include any employee in a Limited Non-Assessment Period. If the ALE’s number of full-time employees in a month is zero, enter 0. Click the link provided in the grey “Full-Time Employee Count for ALE” instructional box for more information on full-time employee status and Limited Non-Assessment Periods.

Note: If “Yes” is selected in the “98% Offer Method” box above to certify that the ALE is using the 98% Offer Method, this line of the table will not be available and does not have to be completed.

(c) Total Employee Count for ALE

On the “Total Employee Count for ALE” line of the table, enter the ALE’s **total number of employees for each month**, including both full-time and non-full-time employees. An ALE must:

- Choose to use either the first day of each month or the last day of each month to determine the number of employees per month; and
- Use the same day (first or last day of the month) for all months of the year.

If the total number of employees was the same for every month of the entire calendar year, enter that number in the “ALL” box. If the number of employees for any month is zero, enter 0.

(d) Aggregated ALE Group Indicator

On the “Aggregated ALE Group Indicator” line of the table, certify the month(s) of the calendar year (if any) in which the ALE was a member of an Aggregated ALE Group.

- If the ALE was an Aggregated ALE Group member for **all 12 months of the calendar year**, enter an “X” in the “ALL” box.
- If the ALE was a member of an Aggregated ALE Group for **some, but not all, months of the calendar year**, enter an “X” in the corresponding box for each month in which it was a member of an Aggregated ALE Group.

Note: If “No” is selected on the *Form 1094-C: Basic Employer Information* page to certify that the ALE was not a member of an Aggregated ALE Group for any month of the calendar year, this line of the table will not be available and does not have to be completed.

(e) Section 4980H Transition Relief Indicator

On the “Section 4980H Transition Relief Indicator” line of the table, certify the type of Section 4980H Transition Relief Based on Number of Full-Time Employees for which the ALE is eligible. **An employer cannot be eligible for both.**

- **Select code A** if the ALE is eligible for the 50-99 Relief.
- **Select code B** if the ALE is eligible for the 100 or More Relief.

Click the link provided in the grey “Section 4980H Transition Relief Indicator” instructional box for more information on the two types of Section 4980H Transition Relief Based on Number of Full-Time Employees.

Note: If “No” is selected in the “Section 4980H Transition Relief Based on Number of Full-Time Employees” box above to certify that the ALE is not eligible for either of the Section 4980H Transition Relief Based on Number of Full-Time Employees, this line of the table will not be available and does not have to be completed.



Click the “HOME” button to return to the *Welcome* page.



Click the “NEXT” button to continue to the next page—the *Form 1095-C: Employee Information* page.



Click the “BACK” button to return to the *Form 1094-C: Basic Employer Information* page.

PAGE 4—FORM 1095-C: EMPLOYEE INFORMATION

This page is used to record all of the information needed to complete Form 1095-C, *Employer-Provided Health Insurance Offer and Coverage*. ALEs must report information on Forms 1095-C about each employee who was a full-time employee of the ALE for any month of the calendar year, **regardless of whether health coverage was (or was not) offered to the employee**. In general, one Form 1095-B must be filed for each full-time employee.

The light green box on this page contains instructions for using the *Form 1095-C: Employee Information* page. Each step of the instructions is color-coded along with the section of the table to which that step relates. Some of the information on this page is reported using indicator codes provided by the IRS. The light green box also contains links that provide detailed information on these indicator codes, as well as a link that provides detailed information on when an employee's birth date may be reported in lieu of a Social Security number.

Employee Name	SSN	Address
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The blue section of the table relates to identifier and contact information for each full-time employee. Under this section:

- Enter the name of each full-time employee of the ALE.
- Enter the nine-digit SSN for each full-time employee (111-11-1111) or other Taxpayer Identification Number (TIN) issued by the IRS.

Note: Reporting of SSNs or TINs for all full-time employees is necessary for the IRS to verify an individual's coverage without the need to contact the individual. If an ALE is unable to obtain an SSN after making a reasonable effort to do so, the employee's date of birth (MM/DD/YYYY) may be entered in lieu of an SSN. **However, an ALE may be subject to penalties for failing to report an SSN if it cannot demonstrate to the IRS that it properly solicited the SSN but did not receive it.** Click the link provided in the light green instructions box of the Reporting Workbook for more information.

- Enter the complete mailing address of each full-time employee (including apartment number, if applicable).

Offer of Coverage

The orange section of the table relates to the type of health coverage offered by (or on behalf of) the ALE to the employee, if any. Under this section, select the applicable code for each calendar month to identify the type of health coverage actually offered by (or on behalf of) the ALE to the employee, if any. A code must be entered for each calendar month January through December, even if the employee was not a full-time employee for one or more of those months.

If the same code applies for all 12 calendar months, enter the applicable code in the "ALL" box, and do not complete the individual calendar month boxes. When a code is selected in the "ALL" box, the boxes for each month will be darkened to indicate to the user that information should not be entered in any of those boxes (as illustrated in the example below).

Offer of Coverage												
ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1A												

When a code is selected in a box for any month, the "ALL" box will be darkened to indicate to the user that information should not be entered in the "ALL" box (as illustrated in the example below).

Offer of Coverage												
ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1I	1A	1A	1A								

Click the link provided in the light green instructions box for a description of each Offer of Coverage indicator code. The following table provides an overview of each Offer of Coverage indicator code:

Code	Description
1A	<p>Qualifying Offer:</p> <ul style="list-style-type: none"> • Minimum essential coverage providing minimum value offered to full-time employee with employee contribution for self-only coverage equal to or less than 9.5% mainland single federal poverty line; and • At least minimum essential coverage offered to spouse and dependent(s). <p><i>TIP: This code may be used to report for specific months for which a Qualifying Offer was made, even if the employee did not receive a Qualifying Offer for all 12 calendar months. However, an ALE may not provide a simplified employee statement for an employee who did not receive a Qualifying Offer for all 12 calendar months.</i></p>
1B	<ul style="list-style-type: none"> • Minimum essential coverage providing minimum value offered to employee only.
1C	<ul style="list-style-type: none"> • Minimum essential coverage providing minimum value offered to employee; and • At least minimum essential coverage offered to dependent(s) (not spouse).
1D	<ul style="list-style-type: none"> • Minimum essential coverage providing minimum value offered to employee; and • At least minimum essential coverage offered to spouse (not dependent(s)).
1E	<ul style="list-style-type: none"> • Minimum essential coverage providing minimum value offered to employee; and • At least minimum essential coverage offered to dependent(s) and spouse.
1F	<p>Minimum essential coverage NOT providing minimum value offered to:</p> <ul style="list-style-type: none"> • Employee; or • Employee and spouse or dependent(s); or • Employee, spouse and dependent(s).
1G	<p>Offer of coverage to employee who:</p> <ul style="list-style-type: none"> • Was not a full-time employee for any month of the calendar year; and • Enrolled in self-insured coverage for one or more months of the calendar year. <p>Enter code 1G in the "ALL" box, and do not complete the monthly boxes.</p>
1H	<p>No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage).</p>
1I	<p>Qualifying Offer Transition Relief 2015: Employee (and spouse or dependent(s)) received:</p> <ul style="list-style-type: none"> • No offer of coverage; • An offer that is not a qualifying offer; or • A qualifying offer for less than 12 months.

Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage

The green section of the table relates to the employee’s cost for the plan. Under the green “Employee Share of the Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage” column of the table, enter the amount (including any cents) of the employee share of the lowest-cost monthly premium for self-only minimum essential coverage providing minimum value that is offered to the employee.

- If the employee is not required to contribute any amount towards the premium, enter “0.00.”
- If the employee share of the lowest-cost monthly amount was the same amount for all 12 calendar months, enter that monthly amount in the “ALL” box, and do not complete the monthly boxes. When an amount is entered in the “ALL” box, the boxes for each month will be darkened to indicate to the user that information should not be entered in any of those boxes (as illustrated in the example below).

Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage												
ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
\$ 60.00												

- If the employee share of the lowest-cost monthly amount was not the same for all 12 months, enter the amount in each calendar month for which the employee was offered minimum value coverage. If an “X” is entered in a box for any month, the “ALL” box will be darkened to indicate to the user that information should not be entered in the “ALL” box (as illustrated in the example below).

Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage												
ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 65.00	\$ 65.00	\$ 65.00	\$ 65.00	\$ 65.00

Note: This line must be completed only if the coverage offered to the employee provided minimum value and code 1B, 1C, 1D or 1E is selected for any month in the “Offer of Coverage” column. If the ALE did not offer health coverage, or it offered health coverage that was not minimum essential coverage or did not provide minimum value, do not complete this line. Also, ALEs that are eligible for the Qualifying Offer Method or the Qualifying Offer Method Transition Relief for an employee do not have to complete this line for that employee.

Applicable Section 4980H Safe Harbor

The purple section of the table relates to the type of Section 4980H Safe Harbor or other relief (if any) for which the ALE is eligible. Under this section, select the applicable code (if any) indicating the Section 4890H Safe Harbor or other relief for which the ALE is eligible. These codes indicate that, under a rule or a safe harbor, the ALE will not be subject to a penalty under Section 4980H(b) for the month, or that the health coverage offered will be treated as affordable for purposes of Section 4980H(b). Only one code may be selected per calendar month.

Code 2C should be used for any month in which the employee enrolled in health coverage offered by the ALE, **regardless of whether any other code in this code series might also apply.** If Code 2C is used for an employee for a month, **do not use any other code in this code series for that month.** Note that if the employee enrolled in employer-sponsored coverage, the IRS will not need any further information to determine an employer’s compliance with the

employer shared responsibility rules or an employee’s eligibility for a subsidy. Employees who are enrolled in employer-sponsored coverage are not eligible for a subsidy (regardless of whether the coverage is affordable or provides minimum value), and therefore cannot trigger an employer shared responsibility penalty for the employer. Thus, if Code 2C is used, an employer will not need to indicate anywhere else that any affordability safe harbor was used for that month.

- If the same code applies for all 12 calendar months, enter the applicable code in the “ALL” box. Do not complete individual calendar month boxes. When a code is selected in the “ALL” box, the boxes for each month will be darkened to indicate to the user that information should not be entered in any of those boxes (as illustrated in the example below).

Applicable Section 4980H Safe Harbor												
ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2A												

- If a code is selected in a box for any month, the “ALL” box will be darkened to indicate to the user that information should not be entered in the “ALL” box (as illustrated in the example below).

Applicable Section 4980H Safe Harbor												
ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	2A	2A	2A	2A	2C							

- If none of the codes apply for a calendar month, leave the line blank for that month.

Click the link provided in the light green instructions box for a description of each Section 4980H Safe Harbor indicator code as well as instructions on which code to use for a month if more than one code could apply.



Click the “HOME” button to return to the *Welcome* page.



Click the “NEXT” button to continue to the next page—the *Form 1095-C: Covered Individuals* page.



Click the “BACK” button to return to the *Form 1094-C: Detailed Employer Information* page.

PAGE 5—FORM 1095-C: COVERED INDIVIDUALS

This page should be completed ONLY if the ALE provides self-insured coverage. ALEs that provide coverage through an insurer or carrier should not complete this page.

This page is used to record all of the information needed to complete Part III of Form 1095-C, *Employer-Provided Health Insurance Offer and Coverage*. This part is used by ALEs for combined reporting under both Section 6056 and Section 6055. Section 6055 reporting applies to all providers of minimum essential coverage, including self-insured plan sponsors.

An ALE should complete Part III of Form 1095-C ONLY if it offers employer-sponsored self-insured health coverage in which any employee enrolled. Part III of Form 1095-C must be completed by an ALE offering employer-sponsored self-insured health coverage for:

- Any employee who enrolled in the coverage, **regardless of whether the employee is a full-time employee** (including the employee reported on Line 1 of Form 1095-C); and
- Any other individuals enrolled in the self-insured coverage.

The light green box on this page contains instructions for using the *Form 1095-C: Covered Individuals* page. Each step of the instructions is color-coded along with the section of the table on this page to which that step relates. The light green box also contains a link that navigates the user to a page that provides detailed information on when a birth date of a covered individual may be reported in lieu of a Social Security number.

Name of Covered Individual

SSN

The blue section of the table relates to identifier and contact information for each covered individual. Under this section:

- Enter the name of each covered individual. This includes all individuals actually enrolled in the minimum essential coverage for any month during the calendar year.
- Enter the nine-digit SSN for each covered individual (111-11-1111) or other Taxpayer Identification Number (TIN) issued by the IRS. ALEs may not truncate a covered individual's SSN on any Forms 1095-C filed with the IRS. Truncated SSNs show only the last four digits of the SSN and replace the first five digits with asterisks (*) or X's.

Note: Reporting of SSNs or TINs for all covered individuals is necessary for the IRS to verify an individual's coverage without the need to contact the individual. If an ALE is unable to obtain an SSN after making a reasonable effort to do so, the covered individual's date of birth (MM/DD/YYYY) may be entered in lieu of an SSN. **However, an ALE may be subject to penalties for failing to report an SSN if it cannot demonstrate to the IRS that it properly solicited the SSN but did not receive it.** Click the link provided in the light green instructions box for more information.

Name of Associated Employee

The green section of the table relates to the employee associated with the covered individual. Under this section, enter the name of the employee who enrolled the individual in the coverage.

Months of Coverage

The orange section of the table relates to the months during the calendar year that each individual was covered under the self-insured employer-sponsored plan. Under this section, enter an "X" in the applicable box(es) for each month in which the individual was covered for at least one day.

- If the individual was covered for at least one day per month for all 12 months of the calendar year, enter an "X" in the "ALL" box. Do not enter an "X" in any other box. If an "X" is entered in the "ALL" box, all of the other boxes will be darkened to indicate to the user that information should not be entered in those boxes (as illustrated in the example below).

Months of Coverage												
ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
X												

- If the individual was not covered for all 12 months of the calendar year, enter an “X” in the applicable box(es) for each month in which the individual was covered for at least one day. Do not enter an “X” in the “ALL” box. If an “X” is entered in a box for any month, the “ALL” box will be darkened to indicate to the user that information should not be entered in the “ALL” box (as illustrated in the example below).

Months of Coverage												
ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								X	X	X	X	X



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1095-C: Employee Information* page.

PAGE 6—OFFER OF COVERAGE INDICATOR CODES

This page provides a description of the Offer of Coverage indicator codes provided by the IRS that are used to report the type of health coverage offered by (or on behalf of) the ALE to an employee. These codes are entered in the “Offer of Coverage” column of the table on the *Form 1095-C: Employee Information* page of the Reporting Workbook.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1095-C: Employee Information* page.

PAGE 7—4980H SAFE HARBOR INDICATOR CODES

This page provides a description of the Section 4980H Safe Harbor (and other relief) indicator codes provided by the IRS that are used to report the Section 4980H relief for which the ALE is eligible (if any). These codes indicate that, under a rule or safe harbor, the ALE will not be subject to a penalty under Section 4980H(b) for the month, or that the health coverage offered will be treated as affordable for purposes of Section 4980H(b). These codes are entered in the “Applicable Section 4980H Safe Harbor” column of the table on the *Form 1095-C: Employee Information* page of the Reporting Workbook.

Code 2C should be used for any month in which the employee enrolled in health coverage offered by the ALE, **regardless of whether any other code in this code series might also apply.** If Code 2C is used for an employee for a month, **do not use any other code in this code series for that month.** Note that if the employee enrolled in employer-

sponsored coverage, the IRS will not need any further information to determine an employer's compliance with the employer shared responsibility rules or an employee's eligibility for a subsidy. Employees who are enrolled in employer-sponsored coverage are not eligible for a subsidy (regardless of whether the coverage is affordable or provides minimum value), and therefore cannot trigger an employer shared responsibility penalty for the employer. Thus, if Code 2C is used, an employer will not need to indicate anywhere else that any affordability safe harbor was used for that month.



Click the "HOME" button to return to the *Welcome* page.



Click the "BACK" button to return to the *Form 1095-C: Employee Information* page.

PAGE 8—BACKGROUND

This page provides an overview of the reporting requirements under Section 6056. It includes basic information about entities that are required to report, the forms that must be filed and the filing deadlines. It also includes information on how to report under Section 6056, including an electronic filing requirement and the combined reporting method that will be used to report under both Section 6056 and the related Section 6055 reporting requirement.



Click the "HOME" button to return to the *Welcome* page.

PAGE 9—IRS GUIDANCE

This page provides access to official guidance issued by the IRS on the Section 6056 reporting requirements. Using the links provided on this page, users can access the IRS' final regulations under Section 6056, IRS Questions and Answers and draft forms and instructions.



Click the "HOME" button to return to the *Welcome* page.

PAGE 10—MORE INFORMATION

This page provides access to more specific information on the Section 6056 reporting requirements. Using the links provided on this page, users can access information on the reporting methods, Section 4980H transition relief, important definitions and circumstances under which a birth date may be reported in lieu of a Social Security number (SSN).



Click the "HOME" button to return to the *Welcome* page.

PAGE 11—REPORTING METHODS

This page provides an overview of the methods of reporting under Section 6056. The IRS has provided a general method for filing Section 6056 returns, as well as several optional alternative methods that may be used for specific groups of employees.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1094-C: Detailed Employer Information* page.

PAGE 12—SECTION 4980H TRANSITION RELIEF

This page provides an overview of various types of Section 4980H transition relief and how an employer reports its eligibility for any particular type of relief. An employer eligible for this relief is still subject to the Section 6056 reporting requirements for 2015.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1094-C: Detailed Employer Information* page.

PAGE 13—DEFINITIONS

This page contains definitions of key terms used for reporting under Section 6056.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1094-C: Detailed Employer Information* page.

PAGE 14—REPORTING A BIRTH DATE IN LIEU OF A SOCIAL SECURITY NUMBER

This page provides an overview of the circumstances under which a reporting entity may report a covered individual’s birth date in lieu of a Social Security number (SSN).



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the *Form 1095-C: Employee Information* page.