

ACA Reporting



ACA Processing – Calendar Year Ending December 31

Thursday, Jan 19, 2023, 10:00 AM - 11:00 AM

<https://meet.goto.com/578068221>

Phone Number: 1 (312) 757-3121

Access Code: 578-068-221

[Webinar Slides | ADMINS, Inc.](#)



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Form 1095-C (2022) L00220 Page 4

Instructions for Recipient (continued)
Line 14. This line reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing maximum value that your employee offered you. For an individual coverage HRSA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost self-only plan over the monthly individual coverage HRSA amount generally, the annual individual coverage HRSA amount divided by 12. See the Instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 14 may not be the amount you paid for coverage if, for example, you chose to elect in-kind coverage.

Line 17. This line reports the applicable ZIP code you employee used for determining affordability if you were offered an individual coverage HRSA. If code 11, 12A, 12B, or 17 was used on line 14, this will be your primary residence location. If code 1D, 1F, 1Q, or 17 was used on line 14, this will be your primary employment site. For more information about individual coverage HRSA, visit IRS.gov.

Part III. Covered Individuals, Lines 18-30
Part III reports the names, 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 non-employee's family members), covered under the employer's health plan. If the plan is

Form 1095-C (2022) L00320 Page 3

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in the coverage, including the employee:

| (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 | | | | | | | | | | | | | |
|--|----------------------|--|---------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | |
| 18 MARIE | F | PAIVA | XXX-XX-XXXX | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19 ERIC | M | JORGSON | XXX-XX-XXXX | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20 ELIZABETH | F | JORGSON | XXX-XX-XXXX | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21 ADDRESS | Form 1095-C (2022) | | | | | | | | | | | | | | | |
| 22 REVIEW | Form 1095-C (2022) | | | | | | | | | | | | | | | |

Instructions for Recipient
You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employee offered to you and your spouse and dependent(s). 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 may receive multiple Forms 1095-C if you had multiple employers during the year that were

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (collectively known as a Qualifying Offer). This code may be used to report the 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%, visit IRS.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential

Form 1095-C (2022) L00120

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.

VOID
 CORRECTED
OMB No. 1545-2251
2022

Part I Employee

| | | | | | | | | | |
|---|---|---|-----------------------------|---------------------------|---|--------------------------------------|---|---|--|
| 1 Name of Employer (first name, middle initial, last name) MARIE E PAIVA | 2 Social security number (SSN) ***-**-XXXX | 3 Street address (including apartment no.) 123 WALLACE AVE | 4 City or town CAMBRIDGE | 5 State or province MA | 6 County and ZIP or foreign postal code US 02138 | 7 Name of Employer TOWN OF ADMINS | 8 Employer identification number (EIN) 041234567 | 9 Street address (including room or suite no.) 210 LEWIS WHARF | 10 County and ZIP or foreign postal code MA 02110 |
|---|---|---|-----------------------------|---------------------------|---|--------------------------------------|---|---|--|

Part II Employee Offer of Coverage

| 14 Offer of Coverage letter (required code) | Employee's Age on January 1: | | | | | | | | | | | | |
|---|------------------------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 15 Employee Required Contribution (see instructions) | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1H | 1H | 1H | 1H |
| 16 Sections 4980B Self-insured and Other Relief (enter code, if applicable) | | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2A | 2A | 2A | 2A |
| 17 Zip Code | 02110 | | | | | | | | | | | | |

18 Employer-Provided Health Insurance Offer and Coverage
Cat. No. 60705M
Form 1095-C (2022)

Please MUTE your phone after
joining the conference call.

Thanks!

Tips for GoToMeeting



The screenshot shows the GoToMeeting interface with four numbered callouts:

- 1:** Points to the bottom control bar containing icons for Mic, Camera, Screen, and Leave.
- 2:** Points to a horizontal slider at the top of the meeting window used for resizing the viewing canvas.
- 3:** Points to the chat bubble icon in the top right corner.
- 4:** Points to the camera and zoom controls on the right side of the meeting window.

The main content area displays a slide titled "ACA Processing - Calendar Year Ending December 31, 2022" with the following details:

- Thursday, Jan 19, 2022, 10:00 AM - 11:00 AM
- <https://meet.goto.com/578068221>
- Phone Number: 1 (312) 757-3121
- Access Code: 578-068-221
- [Webinar Slides | ADMINS, Inc.](#)

Below the slide is a table with columns for "Employee", "Health Plan", "Coverage", and "Status". A pop-up message reads: "Please MUTE your phone after joining the conference call. Thanks!".

The chat window on the right shows a message from "Me to Everyone" at 3:53 PM: "Welcome to the webinar. Please say hello when you join the meeting".

1. Controls appear when the mouse is moved onto the G2M window
2. Slider resizes the viewing canvas versus the attendee's area
3. Chat bubble allows for questions
4. Camera and zoom controls for screenshots or a closer look

What Will We Cover?



What's New

Housekeeping –Form/Envelopes/Who Gets a Form

Registration for IRS e-Services

Process Flow

Distributing 1095Cs –

- physical printing of the Forms

- email consenting employees

Electronic Filing / Deadlines / Timeline

Q&A

What's New From AUC



Two new buttons on the menu facilitate entry of the submission code; and printing a single form is a snap

Enter Original Receipt# on ACA Filing Table

Generate IRS Corrections Export

Enter Corrections Receipt# on ACA Filing Table

Save 1095 Forms as Employee Attachments/Archive

New

Print a Single Form



2022
Edit 1095 Work File

Goto...

Actions

| | | |
|---|---|---|
| Employee# 000040 | 1 Name of Employee Emailed to theresa@admins.com KEITH F DION | 2 SS# XXX-XX-1019 |
| 3 Street Address 8 GREENSFIELD ROAD | | |
| 4 City or Town CAMBRIDGE | 5 State or Province MA | 6 Country and Zipcode or foreign Post Code 02138-0000 |
| 7 Name of Employer TOWN OF ADMINS | | 8 Employer ID (EIN) 041234567 |
| 9 Street Address 219 LEWIS WHARF | | 10 Contact Phone (617) 494-5100 x 2116 |
| 11 City or Town BOSTON | 12 State MA | 13 Zipcode 02110-0000 |

Reporting Entity
1

Report Bargaining Unit

ACA Offer Start
07-Feb-1991

ACA Reporting Start/End
07-Feb-1991

ACA Full Time Start/End
07-Feb-1991

ACA Declined

7 Print Single Form

EMPLOYEE OFFER AND COVERAGE **Employees Age on January 1** **Plan Start Month** 07

| | 12 Mths | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|------------------------------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 14 Offer of Coverage | 1E | | | | | | | | | | | | |
| 15 Employee Share | | 189.75 | 189.75 | 189.75 | 189.75 | 189.75 | 189.75 | 195.25 | 195.25 | 195.25 | 195.25 | 195.25 | 195.25 |
| 16 Applicable Section | 2C | | | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | |

COVERED INDIVIDUALS If Employer provided self-insured coverage, check the box ----- (e) Months of Coverage -----

| (a) Name of Covered | (b) SS# | (c) DOB | (d) 12 Mth | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|------------------------|-------------|---------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 18 KEITH F DION | XXX-XX-1019 | | X | | | | | | | | | | | | |
| 19 CHRISTINE DIMARTINO | XXX-XX-5004 | | X | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |



What's New From the IRS



E-Services transitioned to a new sign-in system that requires *new users* to register or sign in with **ID.me**, the current IRS credential service provider.

Existing e-Services users may continue to sign in with an active IRS username and don't need to take any action at this time.

Form 1095-C (2022)

Instructions for Recipient
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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 type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive 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 a retirement coverage designated by the Department of Health and Human Services, you may receive 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.

TIP 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), the premium tax credit, and the employer shared responsibility provisions, visit www.irs.gov/ACA or call the IRS Healthcare Hotline for ACA questions (800-919-0455).

Part I. Employee
Lines 1-6. Part I, lines 1 through 6, report 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 employer is required to report your complete SSN to the IRS.

Part I. Applicable Large Employer Member (Employer)
Lines 7-13. Part I, lines 7 through 13, report 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 14-17
Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relative to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

IA. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to 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%, visit irs.gov.

IB. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

IC. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

ID. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

IE. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

IF. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse, or you, your spouse, and dependent(s).

IG. Minimum essential coverage provided for any month of the calendar year but was enrolled in coverage for one or more months of the calendar year. This code may be used to report for specific months or for 12 months' worth or as the separate monthly boxes for all 12 calendar months.

IH. Minimum essential coverage (you were NOT offered any health coverage or you were offered coverage but you were not eligible for minimum essential coverage).

II. Reserved for future use.

IJ. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

IK. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

IL. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.

IM. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

IN. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

IO. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.

IP. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

IQ. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.

IR. Individual coverage HRA that is NOT affordable offered to you, employee and spouse or dependent(s), or employee, spouse, and dependent(s).

IS. Individual coverage HRA offered to an individual who was not a full-time employee.

IT. Individual coverage HRA offered to employee and spouse (no dependent) with affordability determined using employee's primary residence ZIP code.

IU. Individual coverage HRA offered to employee and spouse (no dependent) using employee's primary employment site ZIP code affordability safe harbor.

IV. Reserved for future use.

IX. Reserved for future use.

IY. Reserved for future use.

IZ. Reserved for future use.

(Continued on page 4)

1095C 071620-MARIE E PAIVA Form 1095-C 2022

Backer changes as provided by the IRS

[Affordable Care Act \(ACA\) Services | Internal Revenue Service \(irs.gov\)](#)
[e-Services | Internal Revenue Service \(irs.gov\)](#)



IDEAS. RELATIONSHIPS. RESULTS.
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Due Dates & IRS Resources



An ALE member must furnish a Form 1095-C to each of its full-time employees by March 2

Forms 1094-C and 1095-C are required to be filed by March 31 if filing electronically (all AUC sites file electronically).

[Affordable Care Act \(ACA\) Services | Internal Revenue Service \(irs.gov\)](#)

[e-Services | Internal Revenue Service \(irs.gov\)](#)

[Instructions for Forms 1094-C and 1095-C \(2021\) | Internal Revenue Service \(irs.gov\)](#)

AUC Resources

Human Resources → Help Reference Library



Special Processing

[HR-575 Email Tax Forms to Employees](#)

Year End Processing

[HR-635 Email W2s, 1095Cs, 1099Rs on demand](#)

[HR-675 ACA User Guide](#) (updated this month)

[HR-680 IRS Instructions for Forms 1094C & 1095C](#)

HR-690 ACA Import From a Spreadsheet

HR-700 ACA Exporting 1095 Forms to the IRS

[HR-770 ACA & Non-Employee Participants](#)

[HR-775 1095/ACA Step Menu Process*](#)

Preparation



Printing Supplies

E-Services (AIR)

TIN Matching

Audit Reports

Printing: Supplies Needed



[See LuAnn's email](#)

Forms: 3-part perforated or plain white laser paper

Envelopes: Standard #10 Window

1095-C (Affordable Care Act - ACA) Print Front and Back Using AUC

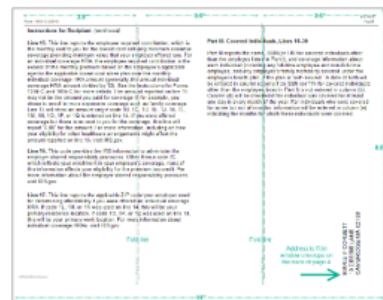
1095-C forms available within the AUC Human Resources Module require blank paper stock. Pre-printed stock cannot be used to print 1095-C forms with AUC.

There is a change to the 1095C forms for Calendar year 2020. The IRS added more instructions and now prints the covered individuals on a separate sheet. The forms are landscape instead of portrait, and four pages instead of two. Two 8 1/2" x 11" sheets of paper per employee are required.

Printing the form on perforated paper is recommended but not required. The perforated forms will be easier to fold and view in the standard #10 window envelopes used for mailing. There are folding guides printed on page four of the forms to help fold the forms to fit into the window envelope.

A duplex printer is needed for 1095-C forms because the employee address for the window envelope is printed on the back of the form (page 4) along with the IRS instructions.

1095C Form Stock:



Form 1095C envelope:



Specifications

- 3-up
- 8 1/2" x 11" sheets
- 20# laser paper
- 2 horizontal perforations)
- Does not** include pre-

Specifications

- No. 10
- 4 1/8 x 9 1/2
- 10.5 x 24.1 cm
- Window Envelopes

printed instructions on the back – AUC prints everything on the blank stock.

Update E-Services Registration



Select Your Organization

Select the organization you will represent in this session. Each item below represents an organization for which you are authorized to perform work. By selecting an organization, you are logging in as an authorized user of that organization and will be able to perform work for only that organization. You may represent yourself by selecting Individual. You may filter organizations to narrow down the choices based on matching text.

Individual

Select "Individual" to represent yourself as an individual. No organization-specific authorizations will be granted.

Individual

Organization Roles

Select an Organization to represent

Filter Organizations

Filter by business name, address

| Selection | Organization |
|-----------|--------------|
| Select | |

Showing 1 to 1 of 1 entries

External Services Authorization Management

Welcome to the External Services Authorization Management Web Application. Please select an existing application or create a new application. The application will ask you for information regarding your Firm/Organization and personal information of the users on the application.

New Application

You will have the opportunity to save your application if you do not have all the required information. Once the application is saved, you may come back and revise the application at your convenience. When all of the information is entered, you will be allowed to submit the application for review by the Internal Revenue Service. The IRS will process your application and send you a notification of the application status.

NEW APPLICATION

- ACA Application for TCC (Forms 1094/1095-B and/or 1094/1095-C)
- API Client ID Application
- e-File Application
- IR Application for TCC (Filing Information Returns Electronically (FIRE))
- IRIS Application for TCC (Information Return Intake System (IRIS))
- PBBA Application for TCC (Audited Partnership and Partners)
- TIN Match Application

All Applications

| Doing Business As (Trade/Company Name) | Last Update | Application Status | Tracking |
|--|-------------|--------------------|----------|
| | | | |

Showing Items 1 to 1 of 1

Showing Items 1 to 1 of 1

IRS Privacy Policy | Glossary
R-esam-webapp (version 22.12.77)

Test login credentials

AIR TCCs for issuers remain in Production status

If you are responsible for multiple filings, or want to sign up for TIN matching, add a role

[Secure Access: How to Register for Certain Online Self-Help Tools | Internal Revenue Service \(irs.gov\)](#)

IRS Online Services “AIR”



Have this information ready to register:

**May require “unfreezing” credit – Experian, Transunion, Equifax*

Email address

SSN or ITIN

Tax filing status and mailing address

Any *one* financial account linked to your name:

Credit card – last 8 digits (no AMEX, debit or corporate cards)

Student loan

Mortgage or home equity loan

Home equity line of credit (HELOC)

Auto loan

Cell phone linked to your name (used for texting a code to your phone to confirm your identity)

TIN Errors? Use TIN Matching



Please register for this service with the IRS and use it throughout the year as employees come on board

Use the TIN Matching service to verify all TINs (employees with name changes too!)

ACA (1095C), W2, 1099s – all use TINs

Filing delays may result in costly penalties

[Taxpayer Identification Number \(TIN\) Matching | Internal Revenue Service \(irs.gov\)](#)

AUC Bulk Tin Matching File



ADMINS offers a file for the bulk TIN matching.

Human Resources ► Year End Processing ► IRS TIN Matching

Task 6888: IRS TIN Matching

IRS TIN Matching
This process creates a .txt bulk file to submit to the IRS.
Anyone paid and their ACA covered individuals will be reported. The field identifier is the empl# and ACA line.

Required: Warrant Check Date Range (mmdyyy) From: 01-Dec-2020 To: 11-Mar-2021

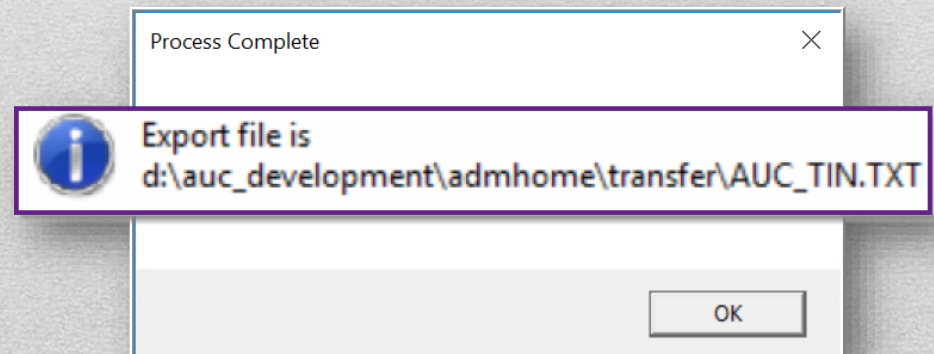
Enter Employee TIN Matching Export Directory (ex: D:\ADMHOME\TRANSFER): d:\auc_development\admhome\transfer

Optional: Entity Code

Lookup OK Cancel Clear All

This checks employee **and** covered individual Social Security numbers

When the process is complete, the system will pop up a message showing the location and name of the export file:



ACA 1095 Audit Report



HR ▶ Reports ▶ Report Library ▶ By Employee ▶ 7560 ACA 1095 Audit Report

Report Library By Employee

| Report Name | View | Report |
|---|--------|--------|
| 6038-Employee List - Cost of Leave | Sample | Run |
| 6266-Employee List - Cost of Leave - Default Fund | Sample | Run |
| 6604-Employee List - Cost of Leave as of a Date - Def. Fund | Sample | Run |
| 6079-Employee Leave Balance Listing | Sample | Run |
| 6609-Negative Leave Balance Listing | Sample | Run |
| 6176-Leave History (Attendance) Report | Sample | Run |
| 6608-Employee Leave Time over XX Days/Hours | Sample | Run |
| 6462-Employee Profile Audit Report | Sample | Run |
| 6715-Employee List - Salary Level for Date Range | Sample | Run |
| 6144-Payroll Labor Costs for a Period - Expected Amount | Sample | Run |
| 6125-Employee Encumbrance Balance Report | | |
| 6497-Employee List - Email Address for Direct Deposit | | |
| 6709-Electronic Tax Form Consent List | | |
| 7550-1095 - C Export Employee ACA Data | | |
| 7560-ACA 1095 Audit Report | | |
| 6140-Employee Encumbrance Summary | | |
| 6706-Excel - Account Transactions | | |
| 6707-Excel - Employee Transactions | | |

Run the ACA 1095 Audit Report to identify errors

Task 7560: ACA 1095 - C Audit Reports

ACA 1095 - C Audit Reports
Tax Year is used to only select Employees with active positions after 01/01/<yr> for audit checking purposes

Required: Enter Tax Year

Include Warnings in Audit Report Yes No

Run as Preview Print PDF Excel
If Printing use Duplex Yes No

Buttons:

Enter the 4-digit year being reported

ACA 1095 Audit Report



HR ▶ Reports ▶ Report Library ▶ By Employee ▶ 7560 ACA 1095 Audit Report

ACA_Audit_Report1.xml - Excel

| Entity | Description | Field | Error-Message |
|--------|---------------|-------|---|
| 1 | TOWN OF ADMIN | | No Errors found for 1095-C on this Entity Table |

ACA_Audit_Report2.xml - Excel

| Bargaining-Unit | Description | Field | Error-Message |
|-----------------|----------------------------------|-------|--|
| 2 | Town of Admin | | |
| 3 | School Weekly 12 month employees | | No Errors found on this Bargaining Unit for 1095-C |

ACA_Audit_Report3.xml - Excel

| Entity | Description | Field | Error-Message |
|--------|-------------|-------|---------------|
| 4 | Reg | | |

ACA_Audit_Report4.xml - Excel

| Employee | Name | Position | Description | Hire-Date | Termination | Reason |
|----------|--------------------|----------------|-----------------------------------|------------|-------------|----------------------|
| 000020 | POWERS, LYNN M | S012TEASST5-01 | BMS TEACHER | 9/2/1986 | 8/9/2020 | Retirement |
| 000023 | OSTEGREN, KAREN M | S012TEASCI5-02 | BMS TEACHER | 8/31/1992 | 6/30/2020 | retired |
| 000023 | OSTEGREN, KAREN M | S012TUTELA -01 | ENGLISH LANGUAGE ARTS TUTOR | 8/27/2020 | | |
| 000040 | MOORE, KEITH F | S009BUSFIN -01 | DIRECTOR OF FINANCE SCHOOL | 12/1/2020 | 12/1/2020 | |
| 000205 | DOUGLAS, MICHAEL R | S009ATHATHL-01 | COACH | 1/1/2010 | 5/7/2020 | end of sports season |
| 001022 | JONES, MARIE A | T292ACOOFF -01 | ANIMAL CONTROL OFFICER | 8/17/1998 | 1/10/2020 | retired |
| 001257 | GRUPPOSO, LYNN | T135FINCLRK-02 | PART TIME CLERK | 8/11/2020 | 8/11/2020 | never started |
| 001426 | CLINTON, MARIE | S009ABASUBS-01 | ABA TECH SUBSTITUTES - TEACHER SU | 1/2/2020 | | |
| 001704 | MILLS, LYNN G | S009TEASUBS-01 | SUBSTITUTE TEACHER | 11/14/2012 | 6/15/2020 | resigned |
| 002213 | MARTIN, MICHAEL P | S009ATHATHL-01 | COACH | 12/2/2019 | 3/19/2020 | end of season |
| 002265 | YEATON, KEITH B | T220FIRFGTR-01 | Firefighter | 7/10/1997 | 6/30/2020 | resigned w/agreement |
| 002732 | DENNIS, KAREN K | S003BLDSUB -01 | BUILDING SUBSTITUTE 1YR ONLY DIPI | 8/27/2020 | | |



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Process Flow



Setup

- Enter Employee & Covered Individual Data
- Review 1095C Entity Table
- Review Bargaining Unit ACA Tab

Steps Menu

- Run Audit Reports
- Make corrections
- Repeat until error free

Refine

- Edits on the 1095 Work File Screen
- Edit employee data & mark as reportable
- Add any omitted individuals

File

- Print and/or email 1095C forms
- File with AIR System
- After IRS accepts with no errors, save the attachments

Data Entry



Employee
Maintenance
[V ACA] tab

W2/1095C
Entity Table

**Work
File**

Bargaining Unit Table

ACA Filing Table

Capturing Employee ACA Data



Year End Processing → 1095 - C Import Employee ACA Data

Update ACA tab throughout the year

The import utility is available if lots of employees need to be updated

Reportable? Yes or No
Reporting Entity #1 #2 #3 #4
Dates: ACA Offer Start / End
ACA Reporting Start / End
ACA Full Time Start / End
ACA Coverage Declined

| Line | First Name | Middle Initial | Last Name | Suffix | SSN | Birth Date |
|------|------------|----------------|-----------|--------|-------------|-------------|
| 1 | FRITZ | | BRUNS | | 001-10-3174 | |
| 2 | JOHN | | BRUNS | | 023-45-6789 | |
| 3 | STEVE | | BRUNS | | 000-00-0000 | 07-feb-2015 |

1095 - C Import Employee ACA Data

| Description | Date | Start |
|-----------------------------------|-------------|-------------|
| 1095 - C Export Employee ACA Data | | |
| ACA Import Data Menu | 23-Oct-2015 | 13:30:42.39 |
| Employee ACA Data File | 23-Oct-2015 | 13:30:58.34 |
| Review Workfile | | |
| Employee ACA Edit/Error Lists | | |
| Update Employee ACA Data | | |

Can use a combination of both methods

Manually enter data

Import changes from a spreadsheet

Employee Maintenance Screen

Human Resources ▶ Maintenance ▶ Employee Maintenance ▶ [V ACA]



Entity Table vs.
Bargaining Unit

ACA Start Dates

Employment &
Enrollment

Covered Individual Start
Dates

ACA End Dates

Mid Year Terminations

Covered Individual End
Dates

Stopping Coverage

Declining Coverage

SSN vs. DoB

Edit List

Entity vs. Bargaining Unit

Human Resources ▶ Maintenance ▶ Employee Maintenance ▶ [V ACA]



Employee ACA

Employee Number: 071482 MICHAEL CLARK

Employee Attachments (8)

Employee Position Attachments

No picture on file

Current Positions: T220FIRFGT Firefighter 1.0000

0 All Positions 000

1 Contact 2 Personal 3 Ded/Ben 4 Add Wages 5 Payroll 6 Accounting 7 Salary 8 Dates/Class 9 Degrees 0 Custom U Accidents VACA

Reporting Entity #1 1

Yes No

| Dates: ACA Offer Start / End | #1 | #2 | #3 | #4 |
|------------------------------|-------------|----|----|----|
| 24-Sep-2020 | | | | |
| ACA Reporting Start / End | 24-Sep-2020 | | | |
| ACA Full Time Start / End | 24-Sep-2020 | | | |
| ACA Coverage Declined | | | | |

Add Line Covered Individuals: First line must be the Employees information

| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Birth Date | Coverage Start | Coverage End |
|------|------------|----------------|-----------|--------|-------------|-------------|----------------|--------------|
| 1 | MICHAEL | | CLARK | | 001-10-5127 | 05-Jul-1988 | #1 24-Sep-2020 | |
| | | | | | | | #2 | |
| | | | | | | | #3 | |
| 2 | HEATHER | | SPENCER | | 001-10-6020 | 16-Mar-1982 | #1 24-Sep-2020 | |
| | | | | | | | #2 | |
| | | | | | | | #3 | |
| 3 | EMILIA | | SPENCER | | 001-10-6021 | 06-Jun-2018 | #1 24-Sep-2020 | |
| | | | | | | | #2 | |
| | | | | | | | #3 | |

Either the Entity or the Bargaining Unit-not both

Reporting Entity #1 1

ACA Start Dates



Human Resources ▶ Maintenance ▶ Employee Maintenance ▶ [V ACA]

Only edit ACA Start Dates if:

- employee changed from Non-reportable to reportable,
- are a new employee,
- declined coverage in a prior year and elected coverage this year

ACA Offer Start
ACA Reporting Start
ACA Full Time Start

Employee ACA

1 Contact 2 Personal 3 Ded/Ben 4 Add Waqes 5 Payroll 6 Accounting 7 Salary 8 Dates/Class

| Reportable? | Reporting Entity | #1 | #2 | #3 |
|--|------------------------------|---------------------------|-------------|----|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | or Reporting Bargaining Unit | 1 | - | |
| | Dates | ACA Offer Start / End | 16-Sep-2022 | |
| | | ACA Reporting Start / End | 16-Sep-2022 | |
| | | ACA Full Time Start / End | 16-Sep-2022 | |
| | | ACA Coverage Declined | | |

Use January 1 for all ACA start dates in column #1 if coverage was *offered* for the entire year

Employed in 2022 / Enrolled 2023



Human Resources ▶ Maintenance → Employee Maintenance → [V ACA]

Employee ACA

1 Contact 2 Personal 3 Ded/Ben 4 Add Waqes 5 Payroll 6 Accounting 7 Salary 8 Dates/Class 9 Degrees 0 Custom U Accidents VACA

| Reportable? | Reporting Entity | #1 | #2 | #3 | #4 |
|--|------------------------------|-------------|----|----|----|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | or Reporting bargaining Unit | RI ACA -1 | - | - | - |
| | Dates: ACA Offer Start / End | 19-Dec-2022 | | | |
| | ACA Reporting Start / End | 19-Dec-2023 | | | |
| | ACA Full Time Start / End | 19-Dec-2022 | | | |
| | ACA Coverage Declined | | | | |

Add Line Covered Individuals: First line must be the Employees information

| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Birth Date | Coverage Start | Coverage End |
|------|------------|----------------|------------|--------|-------------|------------|----------------|--------------|
| 1 | HARRIET | X BRILLANT- | GIANGRANDE | | 999-88-8777 | | #1 01-Jan-2023 | |
| | | | | | | | #2 | |
| | | | | | | | #3 | |

Individuals with a:

2022 ACA Offer start date

2023 Coverage Start date

will be included in the work file & receive a 1095C form

Covered Individuals - Start Dates



Human Resources → Maintenance → Employee Maintenance → [V ACA]

Coverage Start Date

If the Start date is already set, only change if:

- adding a **new** covered individual **or**
- now reportable and accepted coverage **or**
- declined in a prior year and accepted this year

| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Birth Date | Coverage Start | Coverage End |
|------|------------|----------------|-----------|--------|-------------|-------------|----------------|--------------|
| 1 | LAWRENCE | | FARRELL | | 001-10-5080 | 20-Jun-1992 | 16-Mar-2020 | |
| 2 | LORI | A. | FARRELL | | 000-00-0000 | 02-Feb-1995 | 15-Apr-2020 | |

ACA End Dates

Human Resources → Maintenance → Employee Maintenance → [V ACA]



1 ACA Offer End Date

Continued coverage from prior year – no change – leave blank

2 ACA Reporting End Date

Leave blank if the Employee was covered for the Full year

Set an end date **only** if they stopped coverage during the year

3 ACA Full Time End Date

Set **only** if the Employee stopped full-time Employment during the year; otherwise leave it blank to indicate full-time employment through year end

1 Contact 2 Personal 3 Ded/Ben 4 Add Waives 5 Payroll 6 Accounting 7 Salary 8 Dates/Class 9 Degrees 0 Custom U Accidents V ACA

| Reportable? | Reporting Entity | #1 | #2 | #3 | #4 |
|--|------------------------------|-------------|-------------|----|----|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | or Reporting Bargaining Unit | | | | |
| | Dates: ACA Offer Start / End | 29-Dec-2021 | | | |
| | ACA Reporting Start / End | 29-Dec-2021 | | | |
| | ACA Full Time Start / End | 29-Dec-2021 | 31-Mar-2022 | | |
| | ACA Coverage Declined | | | | |

Add Line Covered Individuals: First line must be the Employees information

| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Birth Date | Coverage Start | Coverage End |
|------|------------|----------------|-----------|--------|-------------|-------------|----------------|--------------|
| 1 | LYNN | M | DEWITT | | 001-10-1030 | 29-Mar-1967 | 29-Dec-2021 | 31-Mar-2022 |
| | | | | | | | | |
| | | | | | | | | |

Employee terminated employment on March 31, 2022

Employees Terminating Mid Year



Human Resources → Maintenance → Employee Maintenance → [V ACA]

ACA Full Time Start / End 16-Sep-2022 30-Nov-2022

| Coverage Start | Coverage End |
|----------------|--------------|
| 16-Sep-2022 | 30-Nov-2022 |
| 16-Sep-2022 | 30-Nov-2022 |

Set **ACA Full Time End** date & **Coverage End** dates for terminated employees

Edit 1095 Work File

Line 14 will show “1E” for the months of full-time employment and “1H” for the months not employed

| EMPLOYEE OFFER AND COVERAGE | | Employees Age on January 1 | | | | | | | | Plan Start Month 07 | | | |
|-----------------------------|---------|----------------------------|-----|-----|-----|-----|-----|-----|-----|---------------------|--------|--------|-----|
| | 12 Mths | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 14 Offer of Coverage | | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1E | 1E | 1E | 1H |
| 15 Employee Share | | | | | | | | | | 195.25 | 195.25 | 195.25 | |
| 16 Applicable Section | | 2A | 2A | 2A | 2A | 2A | 2A | 2A | 2A | 2C | 2C | 2C | 2A |
| 17 Zip Code | | | | | | | | | | | | | |

| COVERED INDIVIDUALS | | | (e) Months of Coverage | | | | | | | | | | | | |
|---------------------|-------------|---------|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| (a) Name of Covered | (b) SS# | (c) DOB | (d) 12 Mth | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 18 MARIE LINGLEY | XXX-XX-5469 | | | | | | | | | | | X | X | X | |
| 19 GEORGE BOYCE | XXX-XX-5469 | | | | | | | | | | | X | X | X | |



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Covered Individuals – End Dates



Human Resources → Maintenance → Employee Maintenance → [V ACA]

| Covered Individuals: First line must be the Employees information | | | | | | | | |
|---|------------|----------------|-----------|--------|-------------|------------|----------------|--------------|
| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Birth Date | Coverage Start | Coverage End |
| 1 | MARIE | | LINGLEY | | 001-10-5469 | | #1 16-Sep-2022 | 30-Nov-2022 |
| | | | | | | | #2 | |
| | | | | | | | #3 | |
| 2 | GEORGE | | BOYCE | | 002-10-5469 | | #1 16-Sep-2022 | |
| | | | | | | | #2 | |
| | | | | | | | #3 | 30-Nov-2022 |
| | | | | | | | | |
| | | | | | | | | |

Set Coverage End date if the coverage is terminated (e.g., divorce, death, termination of employment, etc.)

If coverage continues, leave Coverage End *blank*

If a mid-year change is made, make entries that correspond to the ACA date ([see also](#) ACA Start Dates)

Stopped Coverage

Human Resources → Maintenance → Employee Maintenance → [V ACA]



Line 18 shows January - June for the employee “Lynn”

Lines 19 and 20 show the dependents “James” and “Jolie” covered through June

The dependent “Samantha” is not on the form as coverage ended in 2021

1 Contact 2 Personal 3 Ded/Ben 4 Add Waives 5 Payroll 6 Accounting 7 Salary 8 Dates/Class 9 Degrees 0 Custom U Accidents VACA

Add Line Covered Individuals: First line must be the Employees information

| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Coverage Start | Coverage End | Line |
|------|------------|----------------|-----------|--------|-------------|----------------|--------------|------|
| 1 | LYNN | | LYNCH | | 001-10-5206 | 13-May-2021 | 30-Jun-2022 | 1 |
| 2 | JAMES | | TOFANI | | 001-10-6061 | 13-May-2021 | 30-Jun-2022 | 2 |
| 3 | JOLEE | | TOFANI | | 001-10-6062 | 13-May-2021 | 30-Jun-2022 | 3 |
| 4 | SAMANTHA | | TOFANI | | 001-10-6064 | 13-May-2021 | 30-Nov-2021 | 4 |

Three covered individuals are shown on the screen and printed form; the fourth stopped coverage in a prior year and will not be shown on the form

EMPLOYEE OFFER AND COVERAGE Employees Age on January 1 Plan Start Month 07

| | 12 Mths | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----------------------|---------|--------|--------|--------|--------|--------|--------|-----|-----|-----|-----|-----|-----|
| 14 Offer of Coverage | | 1E | 1E | 1E | 1E | 1E | 1E | 1H | 1H | 1H | 1H | 1H | 1H |
| 15 Employee Share | | 189.75 | 189.75 | 189.75 | 189.75 | 189.75 | 189.75 | | | | | | |
| 16 Applicable Section | | 2C | 2C | 2C | 2C | 2C | 2C | 2A | 2A | 2A | 2A | 2A | 2A |
| 17 Zip Code | | | | | | | | | | | | | |

COVERED INDIVIDUALS If Employer provided self-insured coverage, check the box

| (a) Name of Covered | (b) SS# | (c) DOB | (d) 12 Mth | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---------------------|-------------|---------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 18 LYNN LYNCH | XXX-XX-5206 | | | X | X | X | X | X | X | X | | | | | |
| 19 JAMES TOFANI | XXX-XX-6061 | | | X | X | X | X | X | X | | | | | | |
| 20 JOLEE TOFANI | XXX-XX-6062 | | | X | X | X | X | X | X | | | | | | |

Stopped Coverage – Dates Matter!



| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Birth Date | Coverage Start | Coverage End |
|------|------------|----------------|-----------|--------|-------------|-------------|----------------|--------------|
| 1 | KEITH | P | GROSSMAN | | 001-10-5444 | 15-Sep-1975 | #1 29-Aug-2022 | |
| 2 | LIAM | P | SWEENEY | | 001-10-6119 | 20-Feb-2007 | #1 29-Aug-2022 | |
| 3 | DANICA | J | SWEENEY | | 001-10-6120 | 30-Nov-1996 | #1 29-Aug-2022 | 30-Nov-2022 |

The [V ACA] Data Entry Screen

| EMPLOYEE OFFER AND COVERAGE | | Employees Age on January 1 | | | | | | | | | | | | Plan Start Month 07 | |
|-----------------------------|---------|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------------|--|
| | 12 Mths | Jan 1H | Feb 1H | Mar 1H | Apr 1H | May 1H | Jun 1H | Jul 1H | Aug 1E | Sep 1E | Oct 1E | Nov 1E | Dec 1E | | |
| 14 Offer of Coverage | | | | | | | | | | | | | | | |
| 15 Employee Share | | | | | | | | | 195,25 | 195,25 | 195,25 | 195,25 | 195,25 | | |
| 16 Applicable Section | | 2A | 2A | 2A | 2A | 2A | 2A | 2A | 2C | 2C | 2C | 2C | 2C | | |
| 17 Zip Code | | | | | | | | | | | | | | | |

| COVERED INDIVIDUALS | | If Employer provided self-insured coverage, check the box <input checked="" type="checkbox"/> | | | | | | | | | | | | (e) Months of Coverage | |
|---------------------|-------------|---|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------------------|-----|
| (a) Name of Covered | (b) SS# | (c) DOB | (d) 12 Mth | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 18 KEITH P GROSSMAN | XXX-XX-5444 | | | | | | | | | | X | X | X | X | X |
| 19 LIAM P SWEENEY | XXX-XX-6119 | | | | | | | | | | X | X | X | X | X |
| 20 DANICA J SWEENEY | XXX-XX-6120 | | | | | | | | | | X | X | X | X | |

The Edit 1095C Work File screen

The 1095C Printed Form

| (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 | Sep | Oct | Nov | Dec | | | | | |
| 18 KEITH | P | GROSSMAN | XXX-XX-5444 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19 LIAM | P | SWEENEY | XXX-XX-6119 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20 DANICA | J | SWEENEY | XXX-XX-6120 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Declined Coverage

Human Resources → Maintenance → Employee Maintenance → [V ACA]



1 Contact 2 Personal 3 Ded/Ben 4 Add Waives 5 Payroll 6 Accounting 7 Salary 8 Dates/Class 9 Degrees 0 Custom U Accidents **V ACA**

Reportable?
 Yes
 No

Reporting Entity #1
 or Reporting Bargaining Unit
 Dates: ACA Offer Start / End
 ACA Reporting Start / End
 ACA Full Time Start / End
ACA Coverage Declined

Reportable as "offered but declined coverage"

Leave blank

Add Line Covered Individuals: First line must be the Employees information

| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Birth Date | Coverage Start | Coverage End |
|------|------------|----------------|-----------|--------|----------|------------|----------------|--------------|
| 1 | EMILY | W. | FOX | | 8-1-1981 | | | |
| | | | | | | | | |
| | | | | | | | | |

What does that look like on the form?

1095C
Form 1095-C (2021)

600320
Page 3

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in the coverage, including the employee.

| (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 | Sep | 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ACA Start Dates



Human Resources → Maintenance → Employee Maintenance → [V ACA]

| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Birth Dat | Coverage Start | Coverage End |
|------|------------|----------------|-----------|--------|-------------|-----------|----------------|--------------|
| 1 | LYNN | PANZERA | CARLSON | | 001-10-3847 | | 01-Jul-2012 | 30-Jun-2019 |
| 2 | BRIAN | | GOULD | | 001-10-5632 | | | |
| 3 | AVERY | IT | GOULD | | 001-10-5633 | | 01-Jul-2018 | 30-Jun-2019 |

If an employee *declined* coverage in years past, use the column #1 date fields with a 2022 date

Enter the corresponding coverage start dates for the covered individuals

| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Birth D | Coverage Start | Coverage End |
|------|------------|----------------|-----------|--------|-------------|---------|----------------|--------------|
| 1 | LYNN | PANZERA | CARLSON | | 001-10-3847 | | 01-Jan-2022 | |
| 2 | BRIAN | | GOULD | | 001-10-5632 | | | |
| 3 | AVERY | IT | GOULD | | 001-10-5633 | | 01-Jan-2022 | |

SSN# or Date of Birth?



Human Resources → Maintenance → Employee Maintenance → [V ACA]

For covered individuals:

If the SSN# is known, use it; if unknown, enter a Date of Birth
IRS will accept either value; the most common example is a newborn without an assigned SSN#

For a newborn enter DOB

| Add Line | Covered Individuals: First line must be the Employees information | | | | | | |
|----------|---|----------------|-----------|-------------|-------------|----------------|--------------|
| Line | First Name | Middle Initial | Last Name | SSN# | Birth Date | Coverage Start | Coverage End |
| 1 | LYNN | M | DEWITT | 001-10-1030 | 29-Mar-1967 | 29-Dec-2021 | 31-Mar-2022 |
| | | | | | | #2 | |
| | | | | | | #3 | |

Both show on the ACA tab; only the SSN shows on the printed form

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Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in the coverage, including the employee.

| (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 | Sep | Oct | Nov | Dec | |
| 18 LYNN M DEWITT | XXX-XX-1030 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ACA Edit List



Human Resources → Maintenance → Employee Maintenance → [V ACA]

Run the ACA Edit List & compare it to data provided by your insurer

Employee ACA

Goto...

Employee Number 000023 KAREN M POWERS

Actions

I Add Employee

P Add Position

ACA Edit List

Task 6488: Employee ACA Edit List

Employee ACA Edit List

Include Reportable Non-Reportable Both

Run as Preview Print PDF

If Printing use Duplex Yes No

Lookup OK Cancel Clear All

6488-HREMFACEEDT.REP Printed 06-Jan-2023 at 16:01:26 by THERESA Town of Admins Employee ACA Edit List Page 97

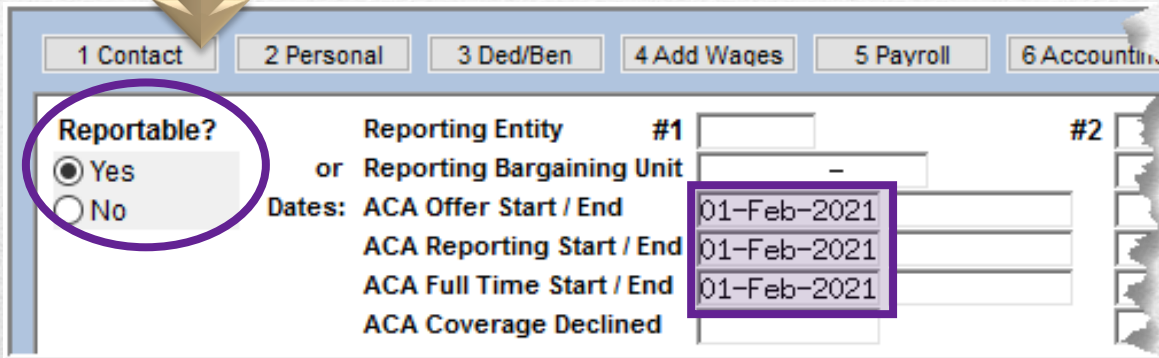
| Employee# | Employee Name | Position | Reportable | | | | | |
|-------------------------------------|-------------------|-------------|-------------------------------|--------|-------------|-------------|----------------|-----------|
| 070273 | FELZMANN, MICHAEL | Firefighter | Yes | | | | | |
| Reporting Entity 1 | | | | | | | | |
| Reporting Bargaining Unit - | | | | | | | | |
| ACA Offer Start/End 01-Jul-2019 | | | | | | | | |
| ACA Reporting Start/End 01-Jul-2019 | | | | | | | | |
| ACA Full Time Start/End 01-Jul-2019 | | | | | | | | |
| ACA Coverage Declined | | | | | | | | |
| Line | First Name | Middle Name | Last Name | Suffix | SS# | Birth Date | Cover Start | Cover End |
| 1 | MICHAEL | | FELZMANN | | 001-10-3918 | 19-Jan-1992 | #1 01-Jul-2019 | |
| 2 | KIMBERLY | | LACASSE | | 001-10-5660 | 20-Aug-1992 | #1 01-Jul-2019 | |
| 3 | BROOKS | | LACASSE | | 001-10-5661 | 06-May-2020 | #1 06-May-2020 | |
| 4 | KNOX | J | LACASSE | | 001-10-5662 | 16-Sep-2021 | #1 16-Sep-2021 | |
| 070284 | BORGES, KEITH | | ASSISTANT FACILITIES OPERATOR | | | | | |
| Reporting Entity 1 | | | | | | | | |
| Reporting Bargaining Unit - | | | | | | | | |
| ACA Offer Start/End 28-Feb-2012 | | | | | | | | |
| ACA Reporting Start/End 28-Feb-2012 | | | | | | | | |
| ACA Full Time Start/End 28-Feb-2012 | | | | | | | | |
| ACA Coverage Declined | | | | | | | | |
| Line | First Name | Middle Name | Last Name | Suffix | SS# | Birth Date | Cover Start | Cover End |
| 1 | KEITH | | BORGES | | 001-10-3929 | 20-Apr-1987 | #1 28-Feb-2012 | |
| 070286 | DOWREY, LYNN A | | BMS TEACHER 26 PAYS | | | | | |
| Reporting Entity 1 | | | | | | | | |

Who Gets a Form?

Human Resources ▶ Maintenance ▶ Employee Maintenance ▶ [V ACA]



If set to No, then no form will be issued



| 1 Contact | 2 Personal | 3 Ded/Ben | 4 Add Wages | 5 Payroll | 6 Accounting |
|--|------------------------------|-----------|-------------|-----------|--------------|
| Reportable? <input checked="" type="radio"/> Yes <input type="radio"/> No | Reporting Entity #1 | #2 | | | |
| | or Reporting Bargaining Unit | - | | | |
| Dates: ACA Offer Start / End | 01-Feb-2021 | | | | |
| ACA Reporting Start / End | 01-Feb-2021 | | | | |
| ACA Full Time Start / End | 01-Feb-2021 | | | | |
| ACA Coverage Declined | | | | | |

Employees and Retirees; *separate forms **not** issued to covered individuals*

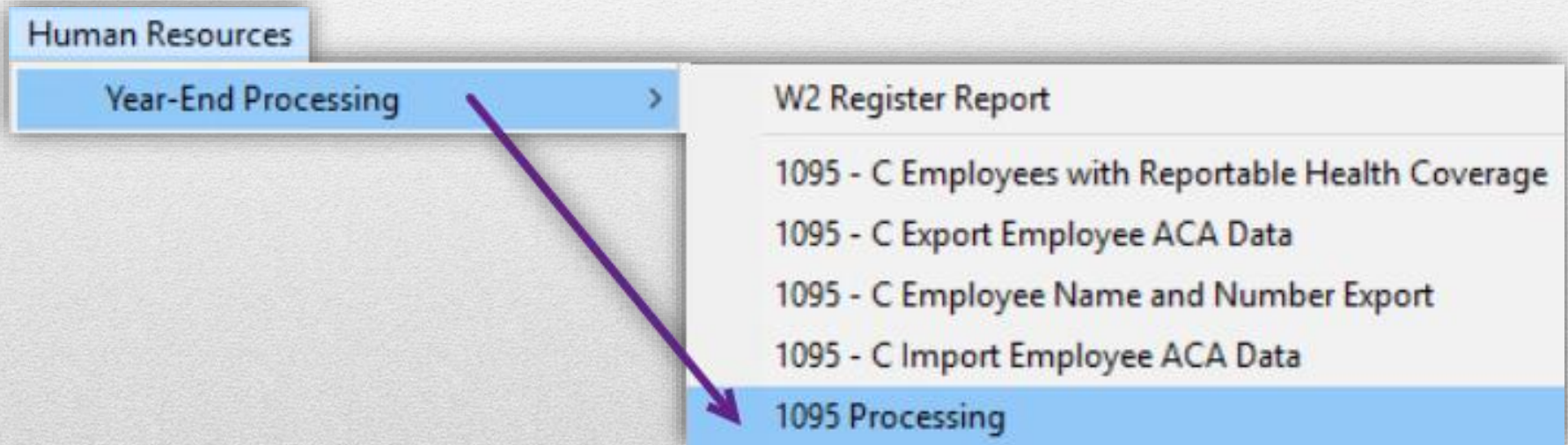
Employees hired at the end of the Calendar year and offered coverage in 2022, but do not **accept** coverage until 2023.

1095 Processing

Human Resources → Year End Processing → 1095C Processing



To begin, access the *Batch Selection Screen* that serves as the entry point for the steps menu.



1095 Batch Selection Screen



Human Resources → Year End Processing → 1095C Processing

1095 Batch Selection

Goto...

Actions

1 Create New Batch

2 Delete Batch

| Batch# | Start Date | Created By | Year | 1-E | 2-E | 3-E | 4-E | Description | In-Progress |
|--------|-------------|------------|------|-----|-----|-----|-----|-----------------------|----------------------------|
| 000029 | 06-Jan-2023 | THERESA | 0000 | | | | | Tax Year 2022 Due Mar | 3 Select Batch in Progress |
| 000028 | 06-Jan-2023 | THERESA | 0000 | | | | | test for images | |
| 000027 | 05-Jan-2023 | THERESA | 0000 | | | | | testing | |
| 000026 | 27-Dec-2022 | THERESA | 2022 | | | | | tc testing | |
| 000025 | 21-Dec-2022 | THERESA | 0000 | | | | | Pensioners | |
| 000023 | 17-Nov-2022 | ANTHEA | 2022 | | | | | testing no self insur | |

[AUC] 7585-1095 Batch Selection [theresa] X

Add Batch

Optional: Batch #

Required: Enter Description

Lookup OK Cancel Clear All

1095 Processing

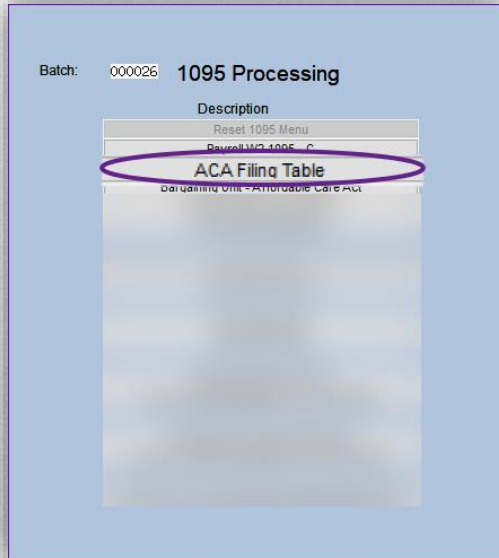
| Description | Date | Start | End | Success |
|---|------|-------|-----|---------|
| Reset 1095 Menu | | | | |
| Payroll W2 1095 - C | | | | |
| ACA Filing Table | | | | |
| Bargaining Unit - Affordable Care Act | | | | |
| Reset Employee ACA Dates | | | | |
| ACA 1095 Audit Report | | | | |
| Build 1095 File | | | | |
| Edit 1095 Work File | | | | |
| Print 1095 Forms | | | | |
| Email 1095 Forms | | | | |
| Generate IRS Export File | | | | |
| Enter Original Receipt# on ACA Filing Table | | | | |
| Generate IRS Corrections Export | | | | |
| Enter Corrections Receipt# on ACA Filing Table | | | | |
| Save 1095 Forms as Employee Attachments/Archive | | | | |

The 1095 Processing menu should look like this prior to doing any data entry

ACA Filing Table



ACA Filing Table



ACA Filing Table

Year **2022** Software ID 22A0015853

1 Add New

2 Edit List

3 1095-Process

| Entity | Description | TCC# | Original Receipt# | Correction Receipt# |
|--------|------------------------|-------|-------------------|---------------------|
| 1 | TOWN OF ADMINS | XYZZZ | | |
| 2 | Town of ADMINS Fire Di | 222 | | |
| 3 | School of ADMINS | 222 | | |
| 4 | Regional School of ADM | BBGRT | | |
| 5 | 1099R test | BBGRT | | |

Confirm the 2022 software ID is 22A0015853. If not, STOP; contact support.

Add New

Tax Year

OK Cancel

One record for each tax year and within each tax year, one record for each entity

Enter receipt numbers for the original and corrected submissions as you receive them from the IRS this spring

Update the ACA Filing table **only** with a receipt **ID** if **“Accepted”** or **“Accepted With Errors”**.
If the submission is **“Rejected”** – **do not update** the ACA Filing Table

Entity Table



Payroll W2 1095 - C

Payroll W2 1095 - C

Entity: Description: 1099-R W-2

Name:
 Address 1:
 Address 2:
 Address 3:
 City:
 State: Zip Code:
 Country:

Phone:
 Fed Tax ID:
 State Tax ID:

1 Payroll W2 2 Payroll W2 ACA 3 Payroll 1099-R 4 Payroll 1099-R ACA

Contact Name: Phone: Ext:
 File Path:

Transmitter Control Code: **1** Plan Start Month:

Coverage Offered to Employee:
 Spouse:
 Dependents:
 HSA Plan:
 HRA Plan: Employer Zip Code: Resident Zip Code:

Coverage is Provided: via Self-Insured Plan? **3** Yes No
 Employer Affordability Safe Harbor: Annual %
 Federal Poverty Line (FPL) Amount:

1094 Line 22 (select all that apply): **2**
 A. Qualifying Offer Method B. Qualifying Offer Method Transitional Relief
 C. Section 4980H Transitional Relief D. 98% Offer Method

1095-C Line 14 Overall Value:
 All 12 Months: or Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

1095-C Line 15 For Codes 1B,1C,1D,1E,1J,1K,1L,1M,1N,1O,1P or 1Q:
 Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage
 All 12 Months: or Jan Feb Mar Apr May Jun Jul Aug Sep Oct

-- Added 12-Jan-199 Changed 12-Nov-2020 by ANTHEA Status: Entity Acti

This data will be used on the Applicable Large Employer Member section of the form - same as the W2 and 1099R

Enter the name and phone number to print on line 10 of the 1095C provided to the employee

The data here corresponds to the line numbers on the printed 1095C forms

For Pensioners, go to the [4_Payroll_1099-R_ACA] table

- 1 Transmitter control number and Plan start month fields are required - the HSA Plan checkbox may be left blank if the entity is not offering an HSA plan
- 2 Check all boxes that apply for a qualifying offer method
- 3 Indicate if coverage is provided via a self-insured plan

Lines 14 and 15 - if "All 12 Months" field has data, do not enter data in the Month fields. If different values are needed for part of the year, leave the "All 12 months" blank & fill in the value for each month

Make export location available to support@admins.com staff



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Bargaining Unit Table



Bargaining Unit - Affordable Care Act

Affordable Care Act Tab of the Bargaining Unit supersedes the Entity Table if override box is checked

Bargaining Unit - Affordable Care Act

Bargaining Unit: MGMT -TH... Management & Singletons

1 Cost Codes | 2 Holidays | 3 Longevity Pay | 4 Retroactive Pay | 5 Salary Sched | 6 Other Info | Benefit Statements | **Affordable Care Act**

Z Edit List

Override Entity Table

Coverage Offered to Employee
Spouse
Dependents
HSA Plan
HRA Plan
 Employer Zip Code Resident Zip Code

1095-C Line 14 Overall Value:

| | | | | | | | | |
|---------------|----|----|-----|-----|-----|-----|-----|-----|
| All 12 Months | IN | or | Jan | Feb | Mar | Apr | May | Jun |
| | | | Jul | Aug | Sep | Oct | Nov | Dec |

1095-C Line 15 For Codes 1B,1C,1D,1E,1J,1K,1L,1M,1N,1O,1P,1Q,1T or 1U:
Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage

| | | | | | | | | |
|---------------|--------|----|-----|-----|-----|-----|-----|-----|
| All 12 Months | 250.00 | or | Jan | Feb | Mar | Apr | May | Jun |
| | | | Jul | Aug | Sep | Oct | Nov | Dec |

Employer Affordability Safe Harbor Annual %
Federal Poverty Line (FPL) Amount

Reset Employee ACA Dates



Reset Employee ACA Dates

Batch: 000026 1095 Processing

Description

- Reset 1095 Menu
- Payroll W2 1095 - C
- ACA Filing Table
- Processing W2 - Affordable Care Act
- Reset Employee ACA Dates**
- ACA 1095 Audit Report

7587-HRREP:HR1095RESETDATES.REP

Town of Admins
Reset Employee ACA Dates
Update for Tax Year 2022

| Employee# | Employee Name | #1 | #2 |
|--------------------------------|---|-------------------------|-------------|
| 007002 | JENSEN, LYNN T. | | |
| Reportable : Yes Before Update | Reporting Entity or Reporting Bargaining Unit | 1 | 1 |
| Dates: ACA Offer Start/End | | 13-Nov-2000 30-Jun-2022 | 01-Jul-2022 |
| ACA Reporting Start/End | | 13-Nov-2000 30-Jun-2022 | 01-Jul-2022 |
| ACA Full Time Start/End | | 13-Nov-2000 30-Jun-2022 | 01-Jul-2022 |
| ACA Coverage Declined | | 13-Nov-2000 | |
| Reportable : Yes After Update | Reporting Entity or Reporting Bargaining Unit | 1 | - |
| Dates: ACA Offer Start/End | | 01-Jul-2022 | |
| ACA Reporting Start/End | | 01-Jul-2022 | |
| ACA Full Time Start/End | | 01-Jul-2022 | |
| ACA Coverage Declined | | | |
| ----- | | | |
| 071824 | LINGLEY, MARIE | | |
| | | 16-Sep-2022 01-Nov-2022 | 01-Dec-2022 |
| | | 01-Dec-2022 | |

Employee ACA

Employee Number: 007002 LYNN T. JENSEN

Employee Attachments (22)
Employee Position Attachments

1 Contact 2 Personal 3 Ded/Ben 4 Add Waives 5 Payroll 6 Accounting 7 Salary 8 Dates/Class 9 Degrees 0 Custom U Accidents VACA

Reportable? Yes No

| Reporting Entity | #1 | #2 | #3 | #4 |
|------------------------------|-------------|----|----|----|
| or Reporting Bargaining Unit | - | - | - | - |
| Dates: ACA Offer Start / End | 01-Jul-2022 | | | |
| ACA Reporting Start / End | 01-Jul-2022 | | | |
| ACA Full Time Start / End | 01-Jul-2022 | | | |
| ACA Coverage Declined | | | | |

Add Line Covered Individuals: First line must be the Employees information

| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Birth Date | Coverage Start | Coverage End |
|------|------------|----------------|------------|--------|-------------|-------------|----------------|--------------|
| 1 | LYNN | J. | JENSEN | | 001-10-2128 | 11-Dec-1957 | 01-Jul-2022 | |
| | | | | | | | | |
| | | | | | | | | |
| 2 | RICHARD | F | HEINRICHER | | 001-10-5209 | 18-Feb-1953 | 01-Jul-2022 | |
| | | | | | | | | |
| | | | | | | | | |

Process Flow - Steps



Run Audit Reports



ACA 1095 Audit Report

1. Run and review Audit Reports

2. Make corrections

Repeat steps 1 and 2 until no errors are shown on Audit Reports 1, 2, and 3

(Report 4 is a list of employees hired/terminated/changed during the calendar year)

Batch: 000026 1095 Processing

Description

| |
|-------------------------------------|
| Reset 1095 Menu |
| Payroll W2 1095 - C |
| ACA Filing Table |
| Barquing Unit - Affordable Care Act |
| Reset Employee ACA Dates |
| ACA 1095 Audit Report |

Task 7560: ACA 1095 - C Audit Reports

ACA 1095 - C Audit Reports
Tax Year is used to only select Employees with active positions after 01/01/<yr> for audit checking purposes

Required: Enter Tax Year 2022

Include Warnings in Audit Report Yes No

Run as Preview Print PDF Excel
If Printing use Duplex Yes No

Lookup OK Cancel Clear All

Audit Report #1 – Entity Table



ACA 1095 Audit Report

City of ADMINS
ACA 1095 Audit Report

Audit Report 1 - 1095-C ENTITY TABLE

Entity: 1 TOWN OF ADMINS

| Field | Error |
|----------------|--|
| 1095-C Line 15 | Month JAN is missing an Amount |
| 1095-C Line 15 | Month FEB is missing an Amount |
| 1095-C Line 15 | Month MAR is missing an Amount |
| 1095-C Line 15 | Month APR is missing an Amount |
| 1095-C Line 15 | Month MAY is missing an Amount |
| 1095-C Line 15 | Month JUN is missing an Amount |
| 1095-C Line 15 | Month JUL is missing an Amount |
| 1095-C Line 15 | Month AUG is missing an Amount |
| 1095-C Line 15 | Month SEP is missing an Amount |
| 1095-C Line 15 | Month OCT is missing an Amount |
| 1095-C Line 15 | Month NOV is missing an Amount |
| 1095-C Line 15 | Month DEC is missing an Amount |
| 1095-C Line 15 | Overall Value zero. Months that use 1B,C,D,E,J,K,L,M,N,O,P must have an Amount |

Entity: 2 Town of ADMINS Fire District

| Field | Error |
|-------|-------|
| | No |

Correct each entity until all report **“No Errors found for 1095-C on this Entity Table”**

City of ADMINS
ACA 1095 Audit Report

Audit Report 1 - 1095-C ENTITY TABLE

Entity: 1 TOWN OF ADMINS

| Field | Error |
|-------|---|
| | No Errors found for 1095-C on this Entity Table |

Entity: 2 Town of ADMINS Fire District

| Field | Error |
|-------|---|
| | No Errors found for 1095-C on this Entity Table |

Entity: 3 School of ADMINS

| Field | Error |
|-------|---|
| | No Errors found for 1095-C on this Entity Table |



Audit Report #2-Bargaining Units



ACA 1095 Audit Report

City of ADMINS
ACA 1095 Audit Report

Audit Report 2 - BARGAINING UNIT TABLE - ACA

Batch#: 000022

| Field | Error |
|------------------------------------|---|
| Bargaining Unit MGMT -TH | Town Management & Singletons |
| Plan Start Month | Must have a value between 01 and 12 |
| Bargaining Unit RET -RE | retiree aca reporting |
| Employer Affordability Safe Harbor | Set to 2G and Federal Poverty Line amount not set |

Run the report and correct the errors until all Bargaining Units show **“No errors...”**

City of ADMINS
ACA 1095 Audit Report

Batch#: 000022

Audit Report 2 - BARGAINING UNIT TABLE - ACA

| Field | Error |
|--------------------------|--|
| Bargaining Unit MGMT -TH | Town Management & Singletons |
| | No Errors found on this Bargaining Unit for 1095-C |
| Bargaining Unit RET -RE | retiree aca reporting |
| | No Errors found on this Bargaining Unit for 1095-C |

Audit Report #3-Employee ACA Tab



ACA 1095 Audit Report

City of ADMINS
ACA 1095 Audit Report

Batch: 000022

Audit Report 3 - EMPLOYEE ACA

| Field | Error |
|---|--|
| Employee: 002794 PERRO, LAWRENCE L | |
| Warn: Reportable set to No | but Active Employee has ACA Reportable dates set |
| Warn: Reportable set to No | but Employee has covered individual information set |
| Employee: 071373 FLAHERTY, KAREN | |
| Warn: Reportable set to No | but Active Employee has ACA Reportable dates set |
| Employee: 071567 LARSON, LYNN | |
| Warn: Reportable set to No | but Active Employee has ACA Reportable dates set |
| Employee: 071574 RYAN, KEITH M | |
| Reporting Entity/Barg Unit | are both missing. Either Entity or Bargaining Unit must be set |

*** Total # Employees with Errors 4

To correct errors reported on Audit #3, from the menu, select:

Human Resources → Maintenance → Employee Maintenance → [V ACA]

Employees listed on this report will **NOT** be included in the work file. After making corrections, rebuild the work file to include employees listed on Audit Report 3

#4- New Hires & Terminations



ACA 1095 Audit Report

7560-HRREP:HRACAAUDITRPT.REP

Printed 06-Jan-2023 at 09:17:02 by THERESA
Town of Admins
ACA 1095 Audit Report

Page 4

Audit Report 4 - EMPLOYEE NEW HIRES/TERMINATIONS BETWEEN 01-Jan-2022 AND 31-Dec-2022

Batch#: 000027

| Employee | Name | Position | Description | Hire Date | Termination | Reason |
|----------|-------------------------------|----------------|-----------------------------------|-------------|-------------|------------------------|
| 071022 | SABOURIN, KAREN V | S009CAFSUBS-01 | CAFETERIA SUBSTITUTES | 25-Apr-2017 | 07-May-2022 | per liz bell |
| 071028 | GAGNON, KAREN A | S009SCHSUMR-01 | SUMMER CAMP PROGRAM | 01-Jul-2022 | | |
| 071028 | GAGNON, KAREN A | S009SUMTCH -01 | SUMMER TRANSITION PROGRAM TEACHER | 01-Aug-2022 | | |
| 071052 | KAZLO, KAREN E | S006SPDCLAS-01 | BHS SPED TEACHER 26 PAYS | 15-Aug-2017 | 05-Aug-2022 | resigned |
| 071052 | KAZLO, KAREN E | S009SUMTCH -01 | SUMMER TRANSITION PROGRAM TEACHER | 01-Aug-2021 | 31-Aug-2022 | end of program |
| 071070 | WHITAKER, KAREN D | S006ABATECH-01 | ABA TECH GRANDFATHERED BHS | 01-Jul-2022 | | |
| 071070 | WHITAKER, KAREN D | S012ABATECH-01 | ABA TECH GRANDFATHERED BMS | 01-Aug-2021 | 01-Jul-2022 | trsf to bhs |
| 071072 | VILLENEUVE, LYNN A | S009EXTABAS-01 | EXTENDED SCHOOL YEAR ABA/BHV TECH | 01-Jul-2022 | 06-Aug-2022 | end of program |
| 071080 | GORMAN, MARIE G | S003SPDCLAS-02 | DIPIETRO SPED TEACHER 26 PAYS | 24-Aug-2022 | | |
| 071080 | GORMAN, MARIE G | S009TUTTUTR-01 | TITLE 1 TUTOR | 11-Sep-2017 | 01-Aug-2022 | went to full time |
| 071127 | FAGAN, KAREN | S009ILASUBS-01 | SUBSTITUTE ILA | 09-Sep-2022 | | |
| 071129 | CURRAN, LYNN | S009EXTSUMR-02 | EXTENDED SCHOOL YEAR ILA | 11-Jul-2022 | 06-Aug-2022 | end of program |
| 071134 | JOHNSON-HELLEGERS, MICHAEL JR | S009ATHATHL-01 | COACH | 22-Aug-2022 | | |
| 071153 | GABOURY, LYNN | S009EXTABAS-01 | EXTENDED SCHOOL YEAR ABA/BHV TECH | 01-Jul-2022 | 06-Aug-2022 | end of program |
| 071157 | VAIL, KAREN | T220FIRFGTR-01 | Firefighter | 05-Jul-2018 | 18-May-2022 | promotion to acting lt |
| 071157 | VAIL, KAREN | T220FIRLT -04 | Fire Lieutenant - ACTING | 19-May-2022 | | |
| 071160 | IARUSSI, KAREN | S009SCHSUMR-01 | SUMMER CAMP PROGRAM | 08-Aug-2022 | 01-Sep-2022 | end of program |
| 071160 | IARUSSI, KAREN | S009TL1TUTR-01 | TITLE 1 READING TUTOR | 29-Aug-2022 | | |
| 071163 | KENNEY, KEITH | S009CMPSUB -01 | SUMMER CAMP SUBSTITUTE | 06-Jul-2022 | | |
| 071163 | QUINCY, MICHAEL | S009EXTSUMR-01 | EXTENDED SCHOOL YEAR TEACHER | 01-Jul-2022 | 01-Jul-2022 | end of program |

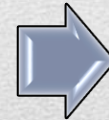


Special Situations

Edits on the
1095 Work File
Screen



Edit employee
data & mark as
reportable



Add any omitted
individuals &
re-add corrected

Hired 2023 / Enrolled 2023



Human Resources → Maintenance → Employee Maintenance → [V ACA]

| Reportable? | Reporting Entity | #1 | #2 | #3 | #4 |
|--|------------------------------|-------------|----|----|----|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | or Reporting Bargaining Unit | - | - | - | - |
| Dates: ACA Offer Start / End | | 15-Jan-2023 | | | |
| ACA Reporting Start / End | | 05-Jan-2023 | | | |
| ACA Full Time Start / End | | 15-Jan-2023 | | | |
| ACA Coverage Declined | | | | | |

| Line | First Name | Middle Initial | Last Name | Suffix | SS# | Birth Date | Coverage Start | Coverage End |
|------|------------|----------------|-----------|--------|-------------|------------|----------------|--------------|
| 1 | EMILY | W. | FOX | | 987-65-4321 | | 15-Jan-2023 | |
| #2 | | | | | | | | |
| #3 | | | | | | | | |

Individuals with a:

future ACA Offer start date

future coverage start date

will **not** be included in the work file (*but may be updated*)

Different Costs / Same Bargaining Unit



Line 15 is the Employee Share of the Lowest Cost Self-Only plan

Line 15 is derived from either the **Bargaining Unit Table** or the **Entity** table (per employee)

Multiple “employee share/costs” can exist within a bargaining unit without affecting payroll

Bargaining Unit: POLICE-01

Sample Bargaining Unit where “grandfather” rules apply to health care costs

- John Jones, 15% cost
- Sam Smith, 15% cost
- Rob Ryder, 20% cost
- Kim Kelly, 30% cost
- Peter Piper, 30% cost
- Walt Wiggins, 30% cost
- Dale Davis, 20% cost
- Brad Bonner, 30% cost

Bargaining Unit Just for ACA



Establish a new Bargaining Unit "ACA-15P".



Bargaining Unit - Affordable Care Act

ACA -15P ACA-15 PCT EMPL HEALTH

Other Info Benefit Statements Affordable Care Act

Override Entity Table

1095-C Line 14 Overall Value:

All 12 Months or

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Jan | Feb | Mar | Apr | May | Jun |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jul | Aug | Sep | Oct | Nov | Dec |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1095-C Line 15 For Codes 1B, 1C, 1D or 1E:

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

All 12 Months or

| | | | | | |
|--------|--------|--------|--------|--------|--------|
| Jan | Feb | Mar | Apr | May | Jun |
| 121,15 | 121,15 | 132,10 | 132,10 | 132,10 | 132,10 |
| Jul | Aug | Sep | Oct | Nov | Dec |
| 132,10 | 132,10 | 132,10 | 132,10 | 132,10 | 132,10 |

Assign the Employee Share of Self-Only coverage for the Lowest Cost Plan offered to this Group



Assign the NEW Bargaining Unit to the Employee on the **ACA tab only**.



Employee ACA

Employee Number 010457 MARIE E BAKAS Employee Attachments (1) Employee Position Attachments

Current Positions S004TEAKIN MACY SCHOOL KINDERGARTEN TE 1.00 All Positions 000

1 Contact 2 Personal 3 Ded/Ben 4 Add Wages 5 Payroll 6 Accounting 7 Salary 8 Dates/Class 9 Degrees 0 Custom 11 Accidents 12 ACA

Reportable? Yes No

Reporting Entity #1 or Reporting Bargaining Unit ACA -15P #4

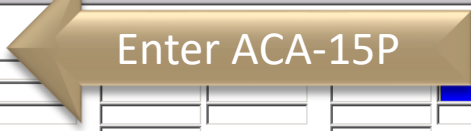
Dates: ACA Offer Start / End 31-Dec-2014 #4

ACA Reporting Start / End 23-Aug-2005 #4

ACA Full Time Start / End #4

ACA Coverage Declined #4

Do not use it for Payroll processing.



Safe Harbor--Retirees or COBRA



Payroll W2 1095 - C

If using a Safe Harbor code, line 16 will display the assigned code on the entity or bargaining unit; the Federal Poverty Line (FPL) amount must be entered

Payroll W2 1095 - C

Bargaining Unit - Affordable Care Act

Ask your health care consultant if you are using Safe Harbor to compute costs

Payroll W2 1095 - C

1 Payroll W2 2 Payroll W2 ACA 3 Payroll 1099-R 4 Payroll 1095-C

Contact Name LUANN MOORE Phone (617) 494-5111
Export File Path D:\AUC_Development\adshome\Transfer\ACA
Transmitter Control Code KYZZZ Plan Start Month 07
Coverage Offered to Employee
Spouse HSA Plan
Dependents HRA Plan Employer Zip Code Resident Zip Code

Coverage is Provided Through a Self-Insured Plan? Yes No
 Employer Affordability Safe Harbor Annual % 9.50
Federal Poverty Line (FPL) Amount 13590.00

1094-C Line 22 (select all that apply):
A. Qualifying Offer Method B. Qualifying Offer Method Transitional Relief
C. Section 4980H Transitional Relief D. 98% Offer Method

1095-C Line 14 Overall Value:
All 12 Months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
 or

1095-C Line 15 For Codes 1B,1C,1D,1E,1J,1K,1L,1M,1N,1O,1P,1Q,1T or 1U:
Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage
All 12 Months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
 or 189.75 189.75 189.75 189.75 189.75 189.75 195.25 195.25 195.25 195.25 195.25 195.25

Bargaining Unit - Affordable Care Act

3 Longevity Pay 4 Retroactive Pay 5 Salary Sched 6 Other Info Benefit Statements Affordable Care Act

Plan Start Month Override Entity Table

Coverage Offered to Employee
Spouse HSA Plan
Dependents HRA Plan Employer Zip Code Resident Zip Code

1095-C Line 14 Overall Value:
All 12 Months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
 or

1095-C Line 15 For Codes 1B,1C,1D,1E,1J,1K,1L,1M,1N,1O,1P,1Q,1T or 1U:
Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage
All 12 Months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
 or 190.58 190.58 190.58 190.58 190.58 190.58 196.29 196.29 196.29 196.29 196.29 196.29

Employer Affordability Safe Harbor Annual % 9.50
Federal Poverty Line (FPL) Amount 13590.00

Employer Affordability

| Code | Description | St. | ToF |
|------|--|-----|-----|
| | Employee not using affordability safe harbors | A | |
| 2E | Multi-Employer Plan Interim Relief | A | |
| 2F | Employer using the W-2 affordability safe harbor | A | |
| 2G | Employer using the Federal Poverty Line (FPL) safe harbor | A | |
| 2H | Employer using the rate of pay safe harbor | A | |
| 2I | No offer to Emp but Employer using non-cal year Trans relief | A | |

OK Find Search Cancel Help Eof



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Federal Poverty Level



If Employer Affordability Safe Harbor is “2G”, a Federal Poverty Line (FPL) amount must be entered. Find the FPL amount [here](#).

| | | |
|------|--|----------|
| 2021 | $\$12,880 * 9.5\% / 12 \text{ months} =$ | \$101.97 |
| 2022 | $\$13,590 * 9.5\% / 12 \text{ months} =$ | \$107.59 |

Spouse/Spouse as Covered Employees



What about married couples both employed by the Town and covered under insurance?

Employee/Spouse 1 - Tracy:

Tracy is the primary subscriber. Pat, the spouse, would be listed as a covered individual.

Employee/Spouse 2 - Pat:

Set Pat as non-reportable. Pat does not receive a 1095-C, as Pat is listed as a covered individual on Tracy's 1095-C.

Declining, then taking coverage



Human Resources → Maintenance → Employee Maintenance → [V ACA]

Remove the ACA Coverage Declined date

The screenshot shows the VACA system interface. At the top, there are tabs for various HR functions: 1 Contact, 2 Personal, 3 Ded/Ben, 4 Add Waives, 5 Payroll, 6 Accounting, 7 Salary, 8 Dates/Class, 9 Degrees, 0 Custom, U Accidents, and VACA. The VACA tab is selected.

Below the tabs, there is a section for "Reportable?" with radio buttons for "Yes" (selected) and "No". To the right, there are four columns for reporting entities, labeled #1, #2, #3, and #4. Each column has a "Reporting Entity" field and a "Dates: ACA Offer Start / End" field. The #1 column has a value of "1" in the Reporting Entity field and "01-Jan-2022" in the Dates field. The #2, #3, and #4 columns have "-" in the Reporting Entity field and empty Dates fields.

Below the reporting entity section, there is a section for "Covered Individuals: First line must be the Employees information". It has an "Add Line" button and a table with the following columns: Line, First Name, Middle Initial, Last Name, Suffix, SS#, Birth Date, Coverage Start, and Coverage End. The table has three rows, labeled #1, #2, and #3. The #1 row has the following values: Line 1, First Name KEITH, Middle Initial, Last Name LINGLEY, Suffix, SS# 001-10-5468, Birth Date, Coverage Start 01-May-2022, and Coverage End. The #2 and #3 rows have empty fields for all columns.

Two purple circles highlight specific areas: one around the "ACA Coverage Declined" field in the #1 reporting entity section, and another around the "Coverage Start" and "Coverage End" fields in the #1 covered individual row.

Make the entries on the covered individual(s)

Line 15 – When Must it Have \$?



“Line 15. Complete line 15 only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14 either in the “All 12 Months” box or in any of the monthly boxes. Enter the amount of the Employee Required Contribution, which is, generally, the employee share of the monthly cost for the lowest-cost, self-only, minimum essential coverage providing minimum value that is offered to the employee.”

“1E” is the most common

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

Exception for HSA – no dollars are required

| | |
|--|-------------------------------------|
| HSA Plan | <input checked="" type="checkbox"/> |
| This checkbox indicates the Entity uses a HSA plan which means Line 15 amounts may be left blank | |

Line 16—When Does it Show Up?



Build 1095 File

1095 Processing

Batch: 000027

Description

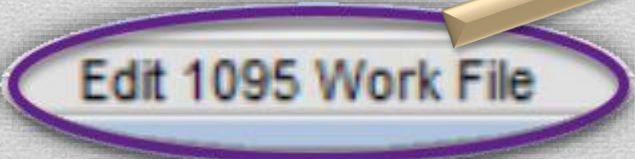
| |
|---|
| Reset 1095 Menu |
| Payroll W2 1095 - C |
| ACA Filing Table |
| Bargaining Unit - Affordable Care Act |
| Reset Employee ACA Dates |
| ACA 1095 Audit Report |
| Build 1095 File |
| Edit 1095 Work File |
| Print 1095 Forms |
| Email 1095 Forms |
| Generate IRS Export File |
| Enter Original Receipt# on ACA Filing Table |
| Generate IRS Corrections Export |
| Enter Corrections Receipt# on ACA Filing Table |
| Save 1095 Forms as Employee Attachments/Archive |

Line 16 is initially “built” during the [Build 1095 File] step

Edit 1095 Work File

| | | | | | | | | | | | | | | | | |
|--------------------|---|-----------------------------------|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|-----|
| Go to... | Employee# 000314 | 1 Name of Employee KEITH A CORTES | 2 SS# XXX-XX-1070 | Reporting Entity 1 | | | | | | | | | | | | |
| Actions | 3 Street Address 134 PAINE STREET | | | Report Bargaining Unit | | | | | | | | | | | | |
| 1 1095 Menu | 4 City or Town CAMBRIDGE | 5 State MA | 6 Zipcode 02138-0000 | ACA Offer Start 12-Jun-1988 | | | | | | | | | | | | |
| 2 Check for Errors | 7 Name of Employer TOWN OF ADMINS | | 8 Employer ID (EIN) 041234567 | ACA Reporting Start/End 12-Jun-1988 | | | | | | | | | | | | |
| 3 1095 Register | 9 Street Address 219 LEWIS WHARF | | 10 Contact Phone (617) 494-5100 x 2116 | ACA Full Time Start/End 12-Jun-1988 01-Oct-2021 | | | | | | | | | | | | |
| 4 Employee Edit | 11 City or Town BOSTON | 12 State MA | 13 Zipcode 02110-0000 | ACA Declined | | | | | | | | | | | | |
| 5 Remove Employee | EMPLOYEE OFFER AND COVERAGE Employees Age on January 1 Plan Start Month 07 | | | | | | | | | | | | | | | |
| 6 Add Employee | 14 Offer of Coverage | 12 Mths | Jan 1E | Feb 1E | Mar 1E | Apr 1E | May 1E | Jun 1E | Jul 1E | Aug 1E | Sep 1E | Oct 1E | Nov 1H | Dec 1H | | |
| | 15 Employee Share | | | | | | | | | | | | | | | |
| | 16 Applicable Section | | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2A | 2A | 2A | | |
| | 17 Zip Code | | | | | | | | | | | | | | | |
| | COVERED INDIVIDUALS If Employer provided self-insured coverage, check the box <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | |
| | (a) Name of Covered | (b) SS# | (c) DOB | (d) 12 Mth | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| | 18 KEITH A CORTES | XXX-XX-1070 | | | X | X | X | X | X | X | X | X | X | X | X | |
| | 19 DEBRA PERRY | XXX-XX-5023 | | | X | X | X | X | X | X | X | X | X | X | X | |
| | 20 KYLE PERRY | XXX-XX-5025 | | | X | X | X | X | X | X | X | X | X | X | X | |

View Line 16 via the [Edit 1095 Work File Screen]



To Rebuild or Not?



Edit 1095 Work File

Whenever you make changes here, run the Employee Edit list.

This will be invaluable as a reference if you need to rebuild the workfile.

Edit 1095 Work File

| | | | |
|--|---|--------------------------------|---|
| Employee# 000286 | 1 Name of Employee MICHAEL J MINCHILLO JR | 2 SS# XXX-XX-1059 | Reporting Entity 1 |
| 3 Street Address 242 CENTER STREET | | | Report Bargaining Unit |
| 4 City or Town COMPTON | 5 State MA | 6 Zipcode 02138-0000 | ACA Offer Start 04-Oct-1993 |
| | | | ACA Reporting Start/End 04-Oct-1993 |

4 Employee Edit (circled in red)

Lines 14-16

Edit any of these fields to override the system-generated values

| EMPLOYEE OFFER AND COVERAGE | | Employees Age on January 1 | | | | | Plan Start Month 07 | | | | | | |
|-----------------------------|--------|----------------------------|--------|--------|--------|--------|---------------------|--------|--------|--------|--------|--------|--------|
| | 12 Mth | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 14 Offer of Coverage | IE | | | | | | | | | | | | |
| 15 Employee Share | | 189,75 | 189,75 | 189,75 | 189,75 | 189,75 | 189,75 | 195,25 | 195,25 | 195,25 | 195,25 | 195,25 | 195,25 |
| 16 Applicable Section | 2C | | | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | |

COVERED INDIVIDUALS If Employer provided self-insured coverage, check the box (e) Months of Coverage

| (a) Name of Covered | (b) SS# | (c) DOB | (d) 12 Mth | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---------------------------|-------------|---------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 18 MICHAEL J MINCHILLO JR | XXX-XX-1059 | | X | | | | | | | | | | | | |
| 19 HEIDI MELANSON | XXX-XX-5013 | | X | | | | | | | | | | | | |
| 20 EMMA MELANSON | XXX-XX-5014 | | X | | | | | | | | | | | | |
| 21 ZANE MELANSON | XXX-XX-5015 | | X | | | | | | | | | | | | |

Ready

Employee Edit List



Edit 1095 Work File

Edit 1095 Work File

Goto...
Actions

1 1095 Menu
2 Check for Errors
3 1095 Register
4 Employee Edit
5 Remove Employee
6 Add Employee

Employee# **001598** 1 Name of Employee **LAWRENCE T KELLY**

3 Street Address
8 VINE STREET

4 City or Town
CAMBRIDGE

7 Name of Emp
TOWN OF ADM

9 Street Address
219 LEWIS WH

11 City or Town **BOSTON** 12 State **MA**

Ready

Task 7581: 1095C Employee Edit List

1095-C Employee Edit List

Run as Preview Print PDF Excel

If Printing use Duplex Yes No

Lookup **OK** Cancel Clear All

Use this as a checklist for different bargaining units, cross-check terminations or new hires, etc.

1095C_Employee_Edit_7581 Excel

File Home Insert Page Layout Formulas Data Review View Tell me what you want to do... Theresa Campbell Share

| Entity | Description | Employee# | First-Name | Middle-Name | Last-Name | Suffix | SS# | Primary Timesheet-Grp | Reportable Entity | Reportable Bargaining-Unit | Offer Start-Date | Reportable Start-Date | Reportable End-Date | Full-Time Start-Date | Full-Time End-Date | Declined |
|----------------|-------------|-----------|------------|---------------|-----------|-----------|-------------|-----------------------|-------------------|----------------------------|------------------|-----------------------|---------------------|----------------------|--------------------|----------|
| TOWN OF ADMINS | 000012 | MARIE | R | HOLMES | | xxxxx1005 | SCHOOL-SOUT | 1 | - | - | 9/7/1982 | 9/7/1982 | | 9/7/1982 | 6/30/2016 | |
| TOWN OF ADMINS | 000020 | LYNN | M | POWERS | | xxxxx1009 | SCHOOL-BMMS | 1 | - | - | 9/2/1986 | 9/2/1986 | | 9/2/1986 | | 9/2/1986 |
| TOWN OF ADMINS | 000031 | KEITH | S | BUSSEY | | xxxxx1016 | TOWN -POL | 1 | - | - | 11/1/1968 | 11/1/1968 | | 11/1/1968 | 11/30/2002 | |
| TOWN OF ADMINS | 000040 | KEITH | F | MOORE | | xxxxx1019 | TOWN -DPW | 1 | - | - | 2/7/1991 | 2/7/1991 | | 2/7/1991 | | |
| TOWN OF ADMINS | 000092 | LYNN | M | THE ESTATE OF | | xxxxx1030 | TOWN -POL | 1 | - | - | 12/29/1993 | 12/29/1993 | | 12/29/1993 | | |
| TOWN OF ADMINS | 000140 | LYNN | A | KILBURN | | xxxxx1042 | SCHOOL-SOUT | 1 | - | - | 8/1/2014 | 8/1/2014 | | 8/1/2014 | 6/30/2019 | |
| TOWN OF ADMINS | 000152 | KEITH | C | GARIEPY | | xxxxx1046 | TOWN -TOWN | 1 | - | - | 12/17/1987 | 12/17/1987 | | 12/17/1987 | | |
| TOWN OF ADMINS | 000286 | MICHAEL | J | MINCHILLO | JR | xxxxx1059 | TOWN -POL | 1 | - | - | 10/4/1993 | 10/4/1993 | | 10/4/1993 | | |
| TOWN OF ADMINS | 000302 | MICHAEL | B | PRIMAVERA | | xxxxx1065 | TOWN -POL | 1 | - | - | 1/8/1987 | 7/1/2011 | | 1/8/1987 | 12/27/2018 | |
| TOWN OF ADMINS | 000307 | KEITH | | SAVOIE | JR | xxxxx1067 | TOWN -POL | 1 | - | - | 5/2/1988 | 7/1/1996 | | 5/2/1988 | | |
| TOWN OF ADMINS | 000311 | LAWRENCE | L | PERRY | | xxxxx1069 | TOWN -POL | 1 | - | - | 9/25/1995 | 9/25/1995 | | 9/25/1995 | | |
| TOWN OF ADMINS | 000314 | KEITH | A | CORTES | | xxxxx1070 | TOWN -POL | 1 | - | - | 6/12/1988 | 6/12/1988 | | 6/12/1988 | 2/25/2016 | |
| TOWN OF ADMINS | 001022 | MARIE | A | JONES | | xxxxx1095 | TOWN -TOWN | 1 | - | - | 8/17/1998 | 8/17/1998 | | 8/17/1998 | | |
| TOWN OF ADMINS | 001148 | KAREN | L | HARVEY | | xxxxx1103 | TOWN -TOWN | 1 | - | - | 9/7/1993 | 7/1/1996 | | 9/7/1993 | | |
| TOWN OF ADMINS | 001221 | KAREN | A | PETERS | | xxxxx1118 | TOWN -TOWN | 1 | - | - | 4/21/1983 | 7/1/1996 | 2/28/2020 | 4/21/1983 | 7/21/2018 | |

Hr1095empedit

Ready Average: 34306.62222 Count: 201 Sum: 1543798 107%

Remove Employee/Re-Add



Edit 1095 Work File

Edit 1095 Work File

Employee# **001255** 1 Name of Employee **KAREN CREASIA** Emailed to wendy@admins.com 2 SS# **XXX-XX-1145** Reporting Entity **1**

3 Street **[AUC] 7574-Edit 1095 Work File [theresa]**

4 City or Town **CAMBRIDGE**

7 Name **TOWN OF**

9 Street **219 LEV**

11 City or Town **BOSTON** 12 State **MA** 13 Zipcode **02110-0000**

Remove Employee 1095 Form

Required: Enter Reason

Lookup OK Cancel Clear All

EMPLOYEE OFFER AND COVERAGE

| | 12 Mths | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-----------------------|---------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 14 Offer of Coverage | 1E | | | | | | | | | | | | |
| 15 Employee Share | | 179.64 | | | | | | | | | | | |
| 16 Applicable Section | 2C | | | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | |

COVERED INDIVIDUALS If Employer provided self-coverage

| (a) Name of Covered | (b) SS# | (c) DOB | (d) 12 Mth | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---------------------|-------------|---------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 18 KAREN CREASIA | XXX-XX-1145 | | X | | | | | | | | | | | | |
| 19 PAUL D SMITH | XXX-XX-5033 | | X | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Add an omitted employee

Make corrections: Maintenance ▶ Employee Maintenance ▶ [V ACA]

Adding an Omitted Employee



Human Resources → Maintenance → Employee Maintenance → [V ACA]

1. Change employee Reportable? to Yes

Reportable?
 Yes
 No

Reporting Entity #1 1 #
 or Reporting Bargaining Unit -
 Dates: ACA Offer Start / End
 ACA Reporting Start / End
 ACA Full Time Start / End
 ACA Coverage Declined

Reportable?
 Yes
 No

Reporting Entity #1 1 #2
 or Reporting Bargaining Unit -
 Dates: ACA Offer Start / End 01-Sep-2022
 ACA Reporting Start / End 01-Sep-2022
 ACA Full Time Start / End 01-Sep-2022
 ACA Coverage Declined

2. [Add Employee] in Edit Work file

Edit 1095 Work File

Edit 1095 Work File

Employee# 1 Name of Employee
 001536 LAWRENCE T KELLY

3 Street Address
 8 VINE STREET

4 City or Town 5 State 6 Zipcode
 CAMBRIDGE MA 02138-0000

7 Name of Employer
 TOWN OF ADMINS

8 Employer ID (EIN)
 041234567

9 Street Address
 219 LEWIS WARRF

10 Contact Phone
 (617) 494-5100 x 2116

11 City or Town 12 State 13 Zipcode
 BOSTON MA 02110-0000

14 Offer of Coverage
 15 Employee Share
 16 Applicable Section
 17 Zip Code

1095 Menu
 Check for Errors
 1095 Register
 Employee Edit
 Remove Employee
Add Employee

Required: Enter Employee# 070130 ZIEGLER, LYNN S

Lookup OK Cancel Clear All

3. Edit lines 14, 15 & 16 as needed

Edit 1095 Work File

Employee# 1 Name of Employee 2 SS#
 070130 LYNN S ZIEGLER XXX-XX-3775

3 Street Address
 6 BELLSTONE DRIVE

4 City or Town 5 State 6 Zipcode
 CAMBRIDGE MA 02138-0000

7 Name of Employer
 TOWN OF ADMINS

8 Employer ID (EIN)
 041234567

9 Street Address
 219 LEWIS WARRF

10 Contact Phone
 (617) 494-5100 x 2116

11 City or Town 12 State 13 Zipcode
 BOSTON MA 02110-0000

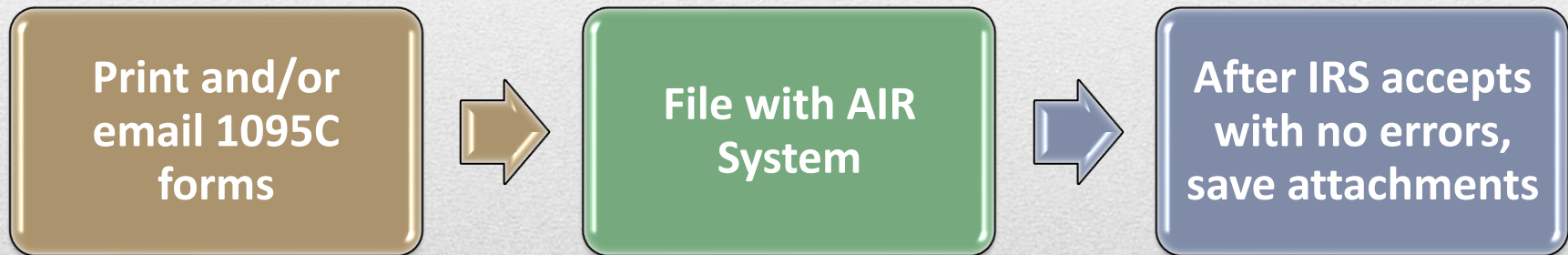
Reporting Entity
 1 Report Bargaining Unit
 ACA Offer Start 18-May-2015
 ACA Reporting Start/End 18-May-2015
 ACA Full Time Start/End 18-May-2015
 ACA Declined 18-May-2015

| EMPLOYEE OFFER AND COVERAGE | Employees Age on January 1 | | | | | | | | | | | | Plan Start Month |
|-----------------------------|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|
| | 12 Mths | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | |
| 14 Offer of Coverage | 1E | | | | | | | | | | | | |
| 15 Employee Share | | 179.64 | 179.64 | 179.64 | 179.64 | 179.64 | 179.64 | 172.73 | 172.73 | 172.73 | 172.73 | 172.73 | 172.73 |
| 16 Applicable Section | | | | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | |

COVERED INDIVIDUALS If Employer provided self-insured coverage, check the box (e) Months of Coverage

| (a) Name of Covered | (b) SS# | (c) DOB | (d) 12 Mth | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---------------------|-------------|---------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 18 LYNN S ZIEGLER | XXX-XX-3775 | | X | | | | | | | | | | | | |

Process Flow – File



AUC Provides 1094C & 1095C



1095-C is the individual form supplied to employees

1094-C is the “cover letter” filed with the IRS

The 1095C is provided on paper to employees

or

Emailed to employees who have provided *prior consent*

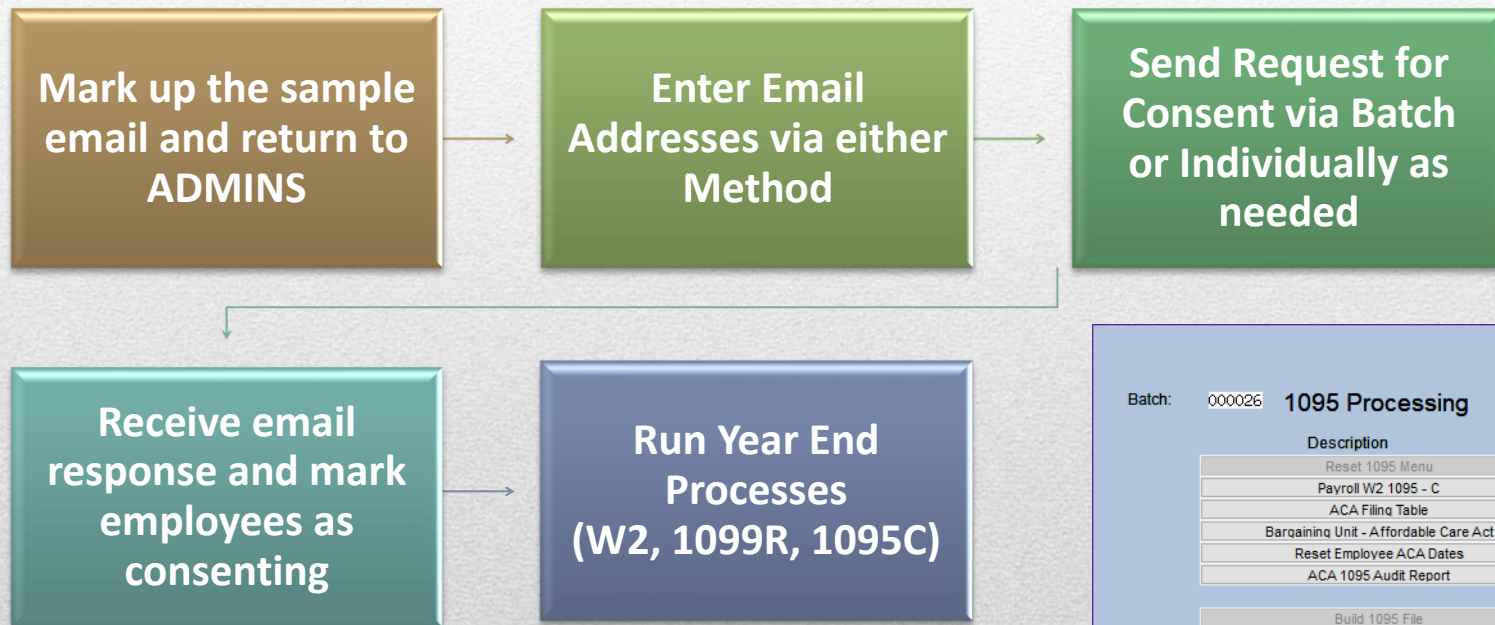
The 1094-C is *always* submitted to the IRS electronically

Email 1095C Forms



Email 1095 Forms

HR—575 Electronic Year End Forms provides all the steps



Batch: 000026 1095 Processing

Description

| |
|---------------------------------------|
| Reset 1095 Menu |
| Payroll W2 1095 - C |
| ACA Filing Table |
| Bargaining Unit - Affordable Care Act |
| Reset Employee ACA Dates |
| ACA 1095 Audit Report |

Build 1095 File

Edit 1095 Work File

Print 1095 Forms

Email 1095 Forms

HR—575 Electronic Year-End Forms



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Generate IRS Export File



Generate IRS Export File

The next step will:

Generate the export files for submission to the IRS

Send email with the folder and file names for the export file

Batch: 000026 **1095 Processing**

Description

- Reset 1095 Menu
- Payroll W2 1095 - C
- ACA Filing Table
- Bargaining Unit - Affordable Care Act
- Reset Employee ACA Dates
- ACA 1095 Audit Report

Build 1095 File

- Edit 1095 Work File

Print 1095 Forms

- Email 1095 Forms

Generate IRS Export File

- Enter Original Receipt# on ACA Filing Table

[AUC] 1095 Original IRS Export Files and Location for Batch 000019

aucdev@admins.com
To Theresa Campbell
1:44 PM

If there are problems with how this message is displayed, click here to view it in a web browser.

City of ADMINS

The 1095 Export for the IRS has been completed and the files to upload are in the following location:

D:\AUC_Development\admhome\Transfer\ACA

| Entity | 1 Manifest File | 2 1094/1095 Form File |
|--------|--|---|
| 1 | Manifest_1094C_Request_XYZZZ_20210106T184400845Z.xml | 1094C_Request_XYZZZ_20210106T184400845Z.xml |

** Do not reply to this email message as it was system generated via the ADMINS Unified Community (AUC) System




Filing with the IRS - AIR



[Log In \(irs.gov\)](https://irs.gov)

Use this link to log in and submit the files for processing



Sign Up

Don't have an account? Create one now.

[CREATE ACCOUNT >](#)

Log In

Already have a username? Welcome back!

Username

[LOG IN >](#)

[Forgot Username](#)

PTIN and FIRE users need a separate account in this system

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Do not create or access an account in this system for anyone other than yourself. You may not use another person's information to create or access an account on behalf of and in the name of that person, even if that person provided their information to you to create or access an account for them or even if that person consented to your use of their information to create or access the account.

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[Help](#) | [IRS Privacy Policy](#) | [Security Code Terms and Conditions](#) | [Accessibility](#)

Batch/Entity Mismatch



Generate IRS Export File

1095 Processing

Batch: 000026

| Description | Date | Start | End | Success |
|----------------------------|------|-------------|-------------|---------|
| Reset 1095 Menu | | 14:35:31,73 | 14:35:31,73 | |
| Payroll W2 1095 - C | | 16:49:15,59 | 16:49:15,59 | |
| Task 7572: Build 1095 File | | 16:52,08 | 17:07:52,08 | |
| Build 1095 File | | 16:50,95 | 16:50:09,95 | |
| | | 13:34,15 | 13:57:58,14 | |
| | | 18,85 | | |
| | | 14,21 | | |
| | | 33,94 | | |
| | | 43,02 | | |
| | | 54,12 | | |

Build 1095 File

Required: Enter Tax Year

Optional: Enter up to 9 Entity Codes 0 values:

Run as Preview Print PDF

If Printing use Duplex Yes No

Optional: Enter up to 9 Entity Codes

1:

2:

1095 Processing

| Date | Start | End | Success |
|-------------------|-------|-----|---------|
| 1095 Menu | | | |
| 1095 - C | | | |
| Table | | | |
| Portable Care Act | | | |
| ACA Dates | | | |
| udit Report | | | |
| 5 File | | | |
| ork File | | | |
| Forms | | | |
| Forms | | | |

Generate IRS Export File

Enter Original Receipt# on ACA Filing Table

Generate IRS Corrections Export

Enter Corrections Receipt# on ACA Filing Table

Save 1095 Forms as Employee Attachments/Archive

Task 7578: Generate IRS Export File

Generate IRS Export File

Required: Entity Code

Run as Preview Print PDF

If Printing use Duplex Yes No

The system checks that the correct entity is used when generating the IRS Export File. This batch is for entity "1". If a wrong selection is made, the system pops up this error message:

Generate IRS Export

Entity does not match what has been selected for the Batch Review 1095 Batch Selection for selected Entity

Enter Original Receipt # on ACA Filing Table



Enter Original Receipt# on ACA Filing Table

Batch: 000026 1095 Processing

Description

| |
|---------------------------------------|
| Reset 1095 Menu |
| Payroll W2 1095 - C |
| ACA Filing Table |
| Bargaining Unit - Affordable Care Act |
| Reset Employee ACA Dates |
| ACA 1095 Audit Report |

Build 1095 File

Edit 1095 Work File

Print 1095 Forms

Email 1095 Forms

Generate IRS Export File

Enter Original Receipt# on ACA Filing Table



This step appears on the menu for the first time this year and serves as a reminder to enter the receipt number provided by the IRS on the ACA filing table

When the IRS accepts a submission or accepts it with errors, enter the receipt ID on the ACA Filing Table.

ACA Filing Table

Year **2022** Software ID 22A0015853

| Entity | Description | TCC# | Original Receipt# | Correction Receipt# |
|--------|------------------------|-------|-------------------|---------------------|
| 1 | TOWN OF ADMINS | XYZZZ | | |
| 2 | Town of ADMINS Fire Di | 222 | 152275HJ6231A | |
| 3 | School of ADMINS | 222 | | |
| 4 | Regional School of ADM | BBGRT | | |
| 5 | 1099R test | BBGRT | | |
| | | | | |
| | | | | |

Accepted with Errors



The site has 60 days from the submission date to file any corrections. If it is “*Accepted with Errors*” –

Download the error file from the IRS web site

Update ACA filing table with the original receipt number

Email IRS ***error file*** to support@admins.com

ADMINS support staff will provide instructions for making corrections

Typical Error Conditions

TIN matching will help prevent these errors



The covered Individual's Name & Social Security # do not match

Check Employee Maintenance ACA tab data with the Employee to verify that the Name and SS# match what is printed on the SS Card.

Employee Name and Social Security # do not match with the IRS

Was there a name change? Do they have a new Social Security Card with a new name?

Some employees want new names to be printed on checks, reflected in Employee Maintenance, but the employee does not have a new SS Card. The IRS/SSA require the correct names on these exports.

Update the Contract Tab on Employee Maintenance with the Name and Social Security number as shown *exactly* on the Social Security Card.

Once the corrections export has been run, change the employee's name back so that the "new" name can be printed on the check.

IRS Corrections Export



Generate IRS Corrections Export

“Accepted with errors”

Send the corrections file to support@admins.com to request instructions on what corrections are required

Enter the [Original Receipt # in the ACA Filing Table](#)

Make corrections; run the [**Generate IRS Corrections Export**] step (see email for file names and locations); upload the corrections to the IRS (see [“Generate IRS Export File”](#))

Enter Corrections Receipt # on ACA Filing Table



Enter Corrections Receipt# on ACA Filing Table

Batch: 000026 1095 Processing

Description

| |
|---------------------------------------|
| Reset 1095 Menu |
| Payroll W2 1095 - C |
| ACA Filing Table |
| Bargaining Unit - Affordable Care Act |
| Reset Employee ACA Dates |
| ACA 1095 Audit Report |

Build 1095 File

Edit 1095 Work File

Print 1095 Forms

Email 1095 Forms

Generate IRS Export File

Enter Original Receipt# on ACA Filing Table

Enter Corrections Receipt# on ACA Filing Table

Save 1095 Forms as Employee Attachments/Archive



This step serves as a reminder to enter the corrections receipt number on the ACA filing table

The IRS will provide a **Correction Receipt #.**

Enter the Correction Receipt # in the **[ACA Filing Table]**

ACA Filing Table

Year 2021 Software ID 21A001322

| Entity | Description | TCC# | Original Receipt# | Correction Receipt# |
|--------|-------------------------|-------|-------------------|---------------------|
| 1 | TOWN OF ADMINIS | XYZZZ | 15304560120 | 15304560121 |
| 2 | Town of ADMINIS Fire Di | 222 | | |
| 3 | School of ADMINIS | 222 | | |
| 4 | Regional School of ADM | BBGRT | | |
| 5 | 1099R test | BBGRT | | |



Corrections After Printing



Correct a form after printing and emailing

Edit the data on the Edit 1095 Workfile Screen, or,

Remove the employee, change ACA data, add the employee back in to the file

Changes require a new IRS File

While the Email step is no longer *required* when correcting a form; it is *available* if the form is to be emailed

| | | | | |
|---|-------------|-------------|-------------|-------------------------------------|
| Edit 1095 Work File | 09-Jan-2023 | 15:13:28.76 | 15:13:29.47 | <input checked="" type="checkbox"/> |
| Print 1095 Forms | 05-Jan-2023 | 16:47:33.94 | 16:47:46.04 | <input checked="" type="checkbox"/> |
| Email 1095 Forms | 09-Jan-2023 | 15:23:56.65 | 15:24:23.61 | <input checked="" type="checkbox"/> |
| Generate IRS Export File | 09-Jan-2023 | 15:25:57.65 | 15:29:11.61 | <input checked="" type="checkbox"/> |
| Enter Original Receipt# on ACA Filing Table | | | | <input type="checkbox"/> |

Dates, Times, and Success
Flags remain set

Attach 1095C Copies



Save 1095 Forms as Employee Attachments/Archive

The last step in the process will archive and attach the forms to the employee records.

Do *not* run this step until the file has been accepted by the IRS without errors.

Batch: 000026 1095 Processing

Description

| |
|---------------------------------------|
| Reset 1095 Menu |
| Payroll W2 1095 - C |
| ACA Filing Table |
| Bargaining Unit - Affordable Care Act |
| Reset Employee ACA Dates |
| ACA 1095 Audit Report |

| |
|---------------------|
| Build 1095 File |
| Edit 1095 Work File |

| |
|------------------|
| Print 1095 Forms |
| Email 1095 Forms |

| |
|---|
| Generate IRS Export File |
| Enter Original Receipt# on ACA Filing Table |

| |
|--|
| Generate IRS Corrections Export |
| Enter Corrections Receipt# on ACA Filing Table |

| |
|---|
| Save 1095 Forms as Employee Attachments/Archive |
|---|

Run the attachment step *after* the IRS accepts transmission *without errors*

How Do I Re-Issue a 1095C?



Batch: 000026 1095 Processing

Description

| |
|---------------------------------------|
| Reset 1095 Menu |
| Payroll W2 1095 - C |
| ACA Filing Table |
| Bargaining Unit - Affordable Care Act |
| Reset Employee ACA Dates |
| ACA 1095 Audit Report |

Build 1095 File

Edit 1095 Work File

Print 1095 Forms

Email 1095 Forms

Generate IRS Export File

Enter Original Receipt# on ACA Filing Table

Generate IRS Corrections Export

Enter Corrections Receipt# on ACA Filing Table

Save 1095 Forms as Employee Attachments/Ar

Do this if ***no changes are required*** – to print an entire bargaining unit on its own or enter up to nine employee numbers. See also [Print a Single Form](#) in this presentation.

[See March 2022 HR Release Notes, section 8.2 for details](#)

Task 7575: Print 1095 Forms

Print 1095 Forms

Required: Entity Code

Optional: Enter up to 9 Employee#

Optional: Enter up to 9 ACA Bargaining Units

Sort 1095-C Forms By Entity then : Primary TS Group/Name Primary TS Group/Employee# Name

Lookup Cancel Clear All

Furnishing a Revised 1095C



Edit 1095 Work File

Edit workfile to make the correction

Print a revised form for the individual

Do **not** check “Corrected” box if you have not filed with the IRS

If you are correcting a Form 1095-C that was previously furnished to a recipient, but **not filed** with the IRS, write, type, or print **CORRECTED** on the new Form 1095-C furnished to the recipient.

| | | | | |
|---|---|---|---|--|
| Form 1095-C Department of the Treasury | <i>Corrected</i> | 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 <input checked="" type="checkbox"/> CORRECTED | 600120 OMB No. 1545-2251 2021 |
| Part I Employee | Applicable Large Employer Member (Employer) | | | |

Enter an “X” in the **CORRECTED** checkbox **only** when correcting a Form 1095-C **previously filed with the IRS**. See the document:

<https://www.irs.gov/pub/irs-pdf/i109495c.pdf>

How To Reissue After Attachment

Maintenance → Employee Maintenance → [Employee Attachments]



Employee Attachments

Employee Number: 000012 MARIE R HOLMES

Employee Attachments (13)
Employee Position Attachments

No picture on file

Z Add Attachment

1 Contact 2 Personal 3 Ded/Ben 4 Add Waqes 5 Payroll 6 Accounting 7 Salary 8 Dates/Class 9 Degrees 0 Custom U Accidents VACA

| Seq# | Description | File Name |
|------|---------------------|-------------------------------------|
| 12 | 2019 1095C Entity:1 | 1095C_2019_1_000012_2005221501,.pdf |
| 13 | 2020 1095C Entity:1 | 1095C_2020_1_000012_2010301400,.pdf |

10 View Attachment 12 Email Form

A duplicate form may be printed (*or emailed with prior consent— see [HR-575](#)*) from the **Employee Maintenance** screen. The filename will be **1095C_** followed by a four-digit year, the employee number, and the creation date and time.

IRS Filing Deadlines & Timeline



| Action | Reporting Due Dates |
|---------------------------------------|---------------------|
| Provide 1095-C to Employees | March 2 |
| E-File 1095-C and 1094-C with the IRS | March 31 |

March 2: Issue all 1095 C Forms to employees

March 31: Electronically file with the IRS

Rhode Island is now on the same schedule!

Test Drive the System



Even if you are not done entering your data in AUC, build the work file and review the simulated forms on-screen to make sure you are getting the desired results per employee

Edit 1095 Work File

| | | | | |
|---------------------------|---|--|--|---|
| Goto... | Employee# 001255 | 1 Name of Employee Emailed to wendy@admins.com KAREN CREASIA | 2 SS# XXX-XX-1145 | Reporting Entity 1 |
| Actions | | | | Report Bargaining Unit |
| 1 1095 Menu | 3 Street Address 80 STANDISH ROAD | | | ACA Offer Start 01-Jul-2002 |
| 2 Check for Errors | 4 City or Town CAMBRIDGE | 5 State MA | 6 Zipcode 02138-0000 | ACA Reporting Start/End 01-Jul-2002 |
| 3 1095 Register | 7 Name of Employer TOWN OF ADMINS | | 8 Employer ID (EIN) 041234567 | ACA Full Time Start/End 01-Jul-2002 |
| 4 Employee Edit | 9 Street Address 219 LEWIS WHARF | | 10 Contact Phone (617) 494-5100 x 2116 | ACA Declined |
| 5 Remove Employee | 11 City or Town BOSTON | 12 State MA | 13 Zipcode 02110-0000 | |
| 6 Add Employee | | | | |

| EMPLOYEE OFFER AND COVERAGE | | | | | | | | | | | | | Employees Age on January 1 | | | | Plan Start Month 07 | | | |
|-----------------------------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------------|--|--|--|---------------------|--|--|--|
| 14 Offer of Coverage | 12 Mths | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | | |
| 1E | | | | | | | | | | | | | | | | | | | | |
| 15 Employee Share | | 179.64 | 179.64 | 179.64 | 179.64 | 179.64 | 179.64 | 172.73 | 172.73 | 172.73 | 172.73 | 172.73 | 172.73 | | | | | | | |
| 16 Applicable Section | 2C | | | | | | | | | | | | | | | | | | | |
| 17 Zip Code | | | | | | | | | | | | | | | | | | | | |

| COVERED INDIVIDUALS | | | | | | | | | | | | | If Employer provided self-insured coverage, check the box <input checked="" type="checkbox"/> | | | | (e) Months of Coverage | | | | | | | | | | | |
|---------------------|-------------|---------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|-----|-----|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|
| (a) Name of Covered | (b) SS# | (c) DOB | (d) 12 Mth | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | | | | | | | | |
| 18 KAREN CREASIA | XXX-XX-1145 | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 PAUL D SMITH | XXX-XX-5033 | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Questions? support@admins.com

Reminder: To Do...



Test and Confirm login credentials for e-Services

Order perforated stock (if using) and envelopes

Enter and proof employee data

Test drive the system

Send questions to support@admins.com

Questions?



Email Support@admins.com for assistance



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