

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 HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost alternative plan over the monthly individual coverage HRA amount generally, the annual individual coverage HRA 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 HRA. 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 HRAs, visit IRS.gov.

Part III. Covered Individuals, Lines 18-30
 Part III reports the annual SOI (or TN) 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 family members), covered under the employer's health plan. If the plan is

L00320 Page 3

Form 1095-C (2022)
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	12/14	XXX-XX-XXXX	<input checked="" type="checkbox"/>														
20 JEROME	M	03/08	XXX-XX-XXXX	<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 maximum 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) (adjusted to take into account 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 maximum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

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

L00220 Page 2

Form 1095-C (2022)
Employer-Provided Health Insurance Offer and Coverage
 Do not attach to your tax return. Keep for your records. VOID CORRECTED
 OMB No. 1545-2251
 2022

Part I Employee
 1 Name of Employee (first name, middle initial, last name)
 MARIE E PAIVA
 2 Social security number (SSN)
 ***-**-XXXX
 3 Street address (including apartment no.)
 120 WALLACE AVE
 4 City or town
 CAMBRIDGE
 5 State or province
 MA
 6 County and ZIP or foreign postal code
 US 02138

Applicable Large Employer Member (Employee)
 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
 BOSTON MA 02110
 11 State or province
 MA
 12 County and ZIP or foreign postal code
 02110

Part II Employee Offer of Coverage
 Employee's Age on January 1:
 Plan Start Month (Enter 2-digit number): 07

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 Section 4980B Self-insured and Other Relief (enter code, if applicable)

19 Zip Code

20 Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2022)

071620-MARIE E PAIVA 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 slider control 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 text:

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: "Me to Everyone: Welcome to the webinar. Please say hello when you join the meeting" at 3:53 PM.

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
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 employer 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 Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

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 relates 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 another type of health coverage for one or more months of the calendar year. This code may be used for 12 months total or 12 months total or as the separate monthly boxes for all 12 calendar months.

IH. Minimum essential coverage that you were NOT offered any health coverage or you were offered coverage (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 \(irs.gov\)](#)



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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

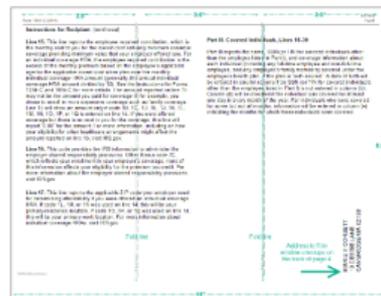
1095-C forms available within the **AUC Human Resources Module** require blank paper stock. Pre-printed stock cannot be used to print 1095-C forms with AUC.

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 Organ

Select

Showing 1 to 1 of 1 entries

e-services Online Tutorials Mailbox Modify PIN Profile Contact Us

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

All Applications

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

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

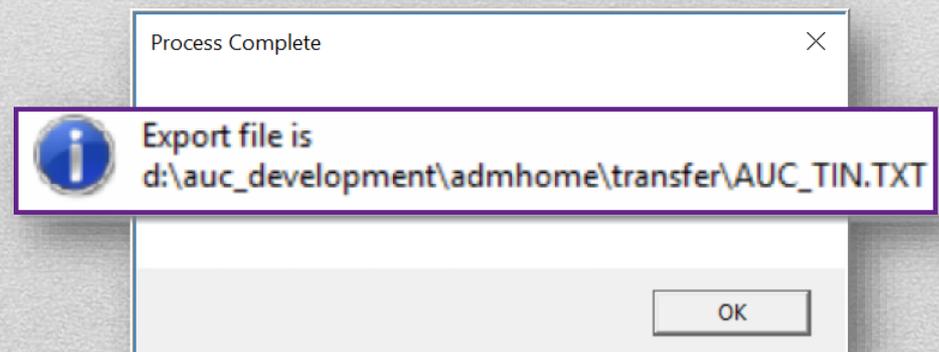
Enter Employee TIN Matching Export Directory (ex: D:\ADMHOME\TRANSFER): d:\auc_development\admhome\transfer

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

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		
4			
5	DPW		
6			
7			
8			
9			
10			
11			

ACA_Audit_Report3.xml - Excel

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

ACA_Audit_Report4.xml - Excel

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

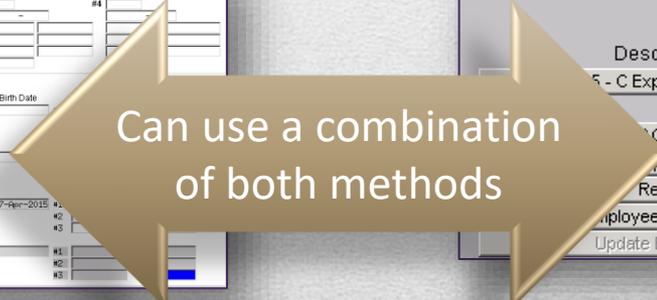
The import utility is available if lots of employees need to be updated

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	ACA Reporting Start / End	ACA Full Time Start / End	ACA Coverage Declined
	24-Sep-2020	24-Sep-2020	24-Sep-2020	

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	24-Sep-2020	
2	HEATHER		SPENCER		001-10-6020	16-Mar-1982	24-Sep-2020	
3	EMILIA		SPENCER		001-10-6021	06-Jun-2018	24-Sep-2020	

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	-	-	-
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, 2022, 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

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				

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

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	
		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	07
14 Offer of Coverage															
15 Employee Share										195,25	195,25	195,25	195,25	195,25	
16 Applicable Section			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

1095C Form 1095-C (2022) 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 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"/>				
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"/>				
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		8-1-1			

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"/>

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 → [√ 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

1095C Form 1095-C (2022) 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 LYNN M DEWITT	XXX-XX-1030		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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

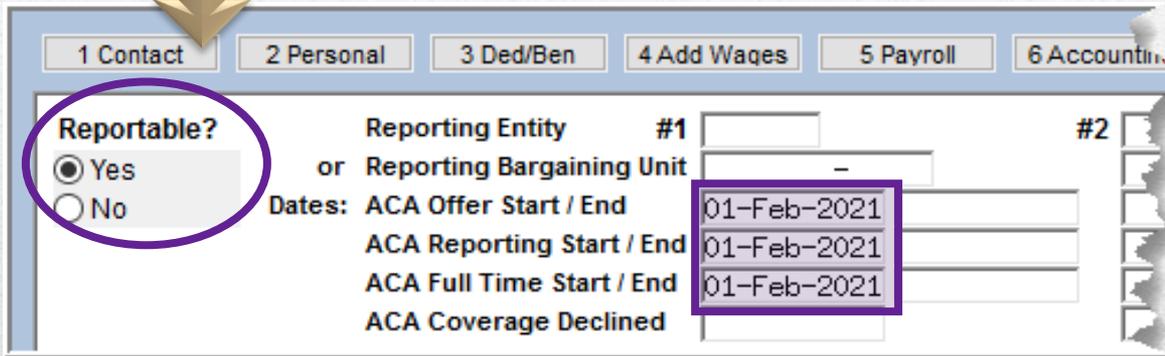
Employee#	Employee Name	Position	Reportable					
070273	FELZMANN, MICHAEL	Firefighter	Yes					
Reporting Entity 1								
Reporting Bargaining Unit -								
ACA Offer Start/End 01-Jul-2019								
ACA Reporting Start/End 01-Jul-2019								
ACA Full Time Start/End 01-Jul-2019								
ACA Coverage Declined								
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*

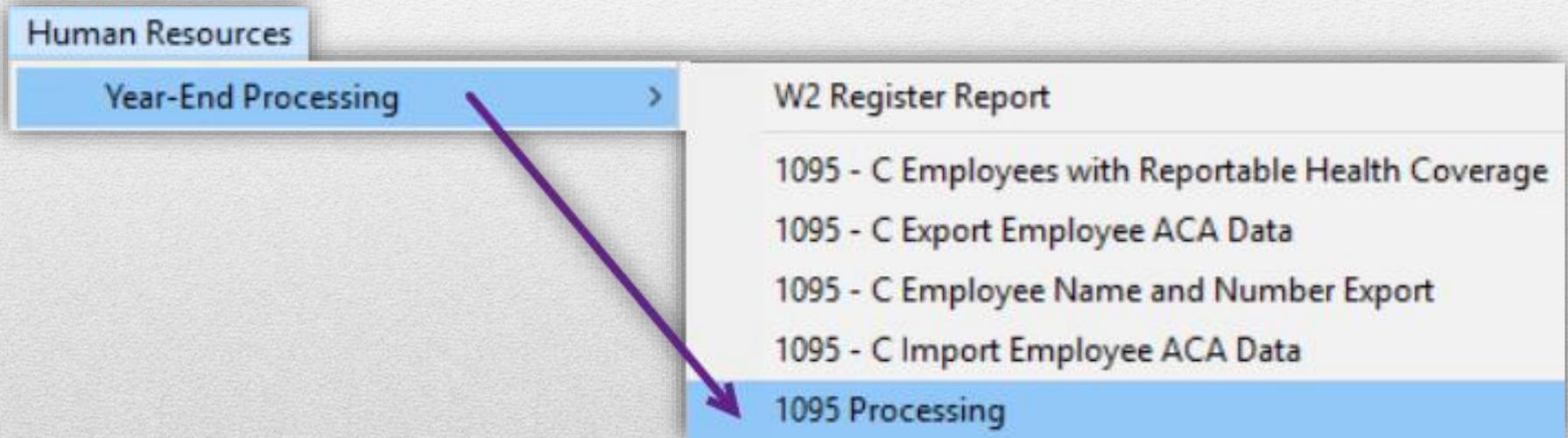
Employees hired at the end of the Calendar year and offered coverage in 2022, but do not **accept** coverage until 2023.

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	
00027	05-Jan-2023	THERESA	0000					testing	
00026	27-Dec-2022	THERESA	2022					tc testing	
00025	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

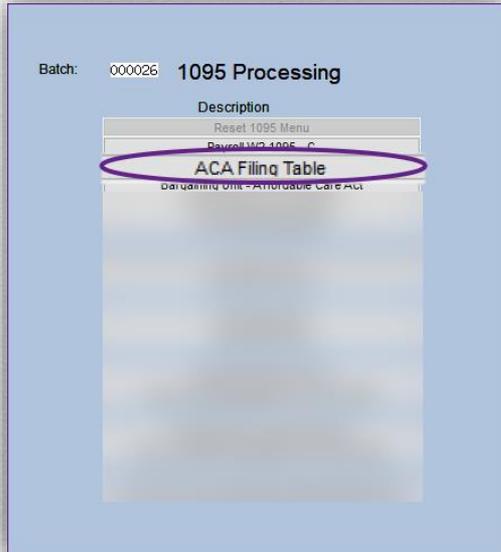
Description	Date	Start	End	Success
Reset 1095 Menu				
Payroll W2 1095 - C				
ACA Filing Table				
Bargaining Unit - Affordable Care Act				
Reset Employee ACA Dates				
ACA 1095 Audit Report				
Build 1095 File				
Edit 1095 Work File				
Print 1095 Forms				
Email 1095 Forms				
Generate IRS Export 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		

Add New

Tax Year: 2022

OK Cancel

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

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

Transmitter Control Code: 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? Yes No
 Employer Affordability Safe Harbor: Annual %
 Federal Poverty Line (FPL) Amount:

1094 (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: 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 [Town 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	T.	JENSEN		001-10-2128	11-Dec-1957	01-Jul-2022	
2	RICHARD	F	HEINRICH		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
Bargaining 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"/>					
Jul	Aug	Sep	Oct	Nov	Dec
<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

No picture on file

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 23-Aug-2005

ACA Reporting Start / End

ACA Full Time Start / End

ACA Coverage Declined

Enter ACA-15P

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 Dependents
HSA Plan 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 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 or Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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 Dependents
HSA Plan HRA Plan Employer Zip Code Resident Zip Code

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,1Q,1T or 1U:
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 Nov Dec

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 '01-Jan-2022' entered in the 'ACA Offer Start / End' field. Below this, there are fields for 'ACA Reporting Start / End', 'ACA Full Time Start / End', and 'ACA Coverage Declined'. The 'ACA Coverage Declined' field is circled in purple.

Below the reporting entity section, there is an 'Add Line' button and a section for 'Covered Individuals: First line must be the Employees information'. This section contains a table with columns: Line, First Name, Middle Initial, Last Name, Suffix, SS#, Birth Date, Coverage Start, and Coverage End. The first row is filled with: 1, KEITH, LINGLEY, 001-10-5468, 01-May-2022. The 'Coverage Start' and 'Coverage End' fields for the first row are circled in purple.

Line	First Name	Middle Initial	Last Name	Suffix	SS#	Birth Date	Coverage Start	Coverage End
1	KEITH		LINGLEY		001-10-5468		01-May-2022	
#2								
#3								

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** (circled in purple)
- 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... Actions

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

Employee#	1 Name of Employee	2 SS#	Reporting Entity
000314	KEITH A CORTES	XXX-XX-1070	1 Report Bargaining Unit
3 Street Address 134 PAINE STREET			
4 City or Town CAMBRIDGE	5 State MA	6 Zipcode 02138-0000	ACA Offer Start 12-Jun-1988
7 Name of Employer TOWN OF ADMINS		8 Employer ID (EIN) 041234567	ACA Reporting Start/End 12-Jun-1988
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
11 City or Town BOSTON	12 State MA	13 Zipcode 02110-0000	ACA Declined

EMPLOYEE OFFER AND COVERAGE

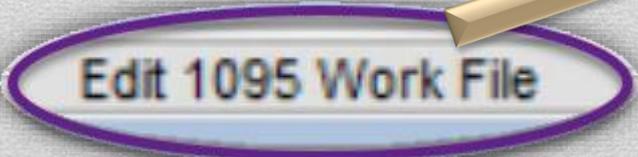
Employees Age on January 1	Plan Start Month 07												
	12 Mths	Jan 1E	Feb 1E	Mar 1E	Apr 1E	May 1E	Jun 1E	Jul 1E	Aug 1E	Sep 1E	Oct 1E	Nov 1H	Dec 1H
14 Offer of Coverage													
15 Employee Share													
16 Applicable Section		2C	2A	2A									
17 Zip Code													

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

(a) Name of Covered	(b) SS#	(c) DOB	(d) 12 Mth	(e) Months of Coverage											
				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	X
19 DEBRA PERRY	XXX-XX-5023			X	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	X

Ready

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

Goto...
Actions

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

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

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# **001596** 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
1	TOWN OF ADMINS	000012	MARIE	R	HOLMES		xxxxx1005	SCHOOL-SOUT	1	-	9/7/1982	9/7/1982		9/7/1982	6/30/2016	
4	TOWN OF ADMINS	000020	LYNN	M	POWERS		xxxxx1009	SCHOOL-BMMS	1	-	9/2/1986	9/2/1986		9/2/1986		9/2/1986
5	TOWN OF ADMINS	000031	KEITH	S	BUSSEY		xxxxx1016	TOWN -POL	1	-	11/1/1968	11/1/1968		11/1/1968	11/30/2002	
6	TOWN OF ADMINS	000040	KEITH	F	MOORE		xxxxx1019	TOWN -DPW	1	-	2/7/1991	2/7/1991		2/7/1991		
7	TOWN OF ADMINS	000092	LYNN	M	THE ESTATE OF		xxxxx1030	TOWN -POL	1	-	12/29/1993	12/29/1993		12/29/1993		
8	TOWN OF ADMINS	000140	LYNN	A	KILBURN		xxxxx1042	SCHOOL-SOUT	1	-	8/1/2014	8/1/2014		8/1/2014	6/30/2019	
9	TOWN OF ADMINS	000152	KEITH	C	GARIEPY		xxxxx1046	TOWN -TOWN	1	-	12/17/1987	12/17/1987		12/17/1987		
10	TOWN OF ADMINS	000286	MICHAEL	J	MINCHILLO	JR	xxxxx1059	TOWN -POL	1	-	10/4/1993	10/4/1993		10/4/1993		
11	TOWN OF ADMINS	000302	MICHAEL	B	PRIMAVERA		xxxxx1065	TOWN -POL	1	-	1/8/1987	7/1/2011		1/8/1987	12/27/2018	
12	TOWN OF ADMINS	000307	KEITH		SAVOIE	JR	xxxxx1067	TOWN -POL	1	-	5/2/1988	7/1/1996		5/2/1988		
13	TOWN OF ADMINS	000311	LAWRENCE	L	PERRY		xxxxx1069	TOWN -POL	1	-	9/25/1995	9/25/1995		9/25/1995		
14	TOWN OF ADMINS	000314	KEITH	A	CORTES		xxxxx1070	TOWN -POL	1	-	6/12/1988	6/12/1988		6/12/1988	2/25/2016	
15	TOWN OF ADMINS	001022	MARIE	A	JONES		xxxxx1095	TOWN -TOWN	1	-	8/17/1998	8/17/1998		8/17/1998		
16	TOWN OF ADMINS	001148	KAREN	L	HARVEY		xxxxx1103	TOWN -TOWN	1	-	9/7/1993	7/1/1996		9/7/1993		
17	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	

Hr1095empedt

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

Remove Employee/Re-Add



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# 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]
80 STAN
4 City or State 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												

Are you sure you want to remove Employee 001255 Form?
Yes No

14 Offer of Coverage Oct Nov Dec
172.73 172.73 172.73

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 STREET

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

Add Employee 1095 Form
 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 STREET

10 Contact Phone
 (617) 494-5100 x 2116

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

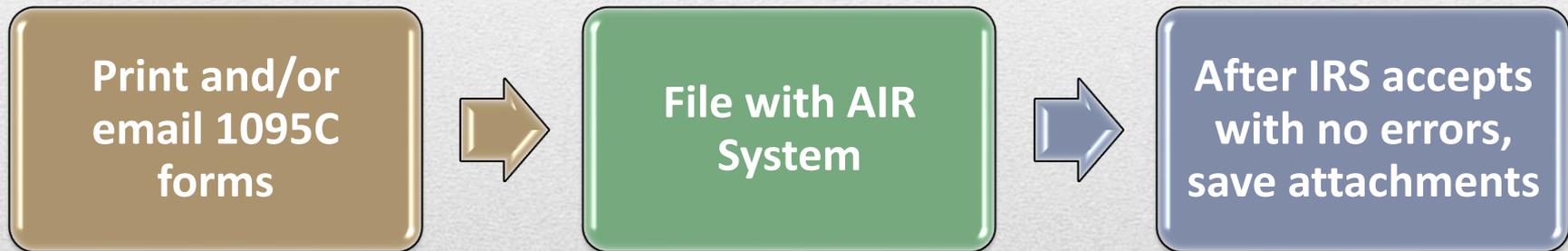
EMPLOYEE OFFER AND COVERAGE Employees Age on January 1 Plan Start Month 07

	12 Mths	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
14 Offer of Coverage	1E												
15 Employee Share		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*

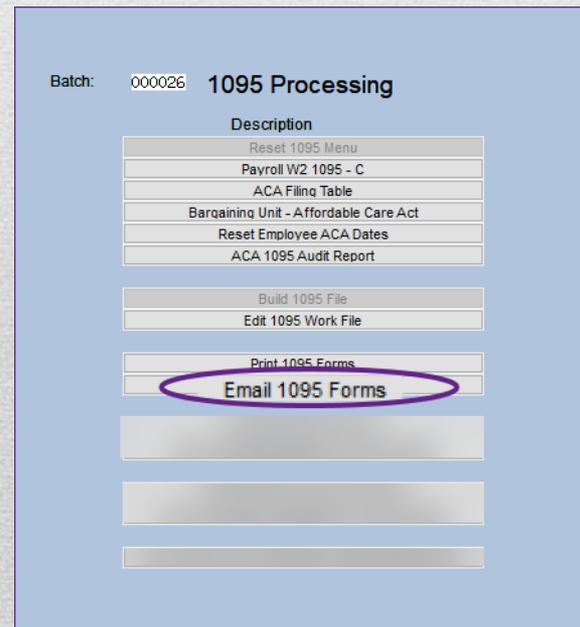
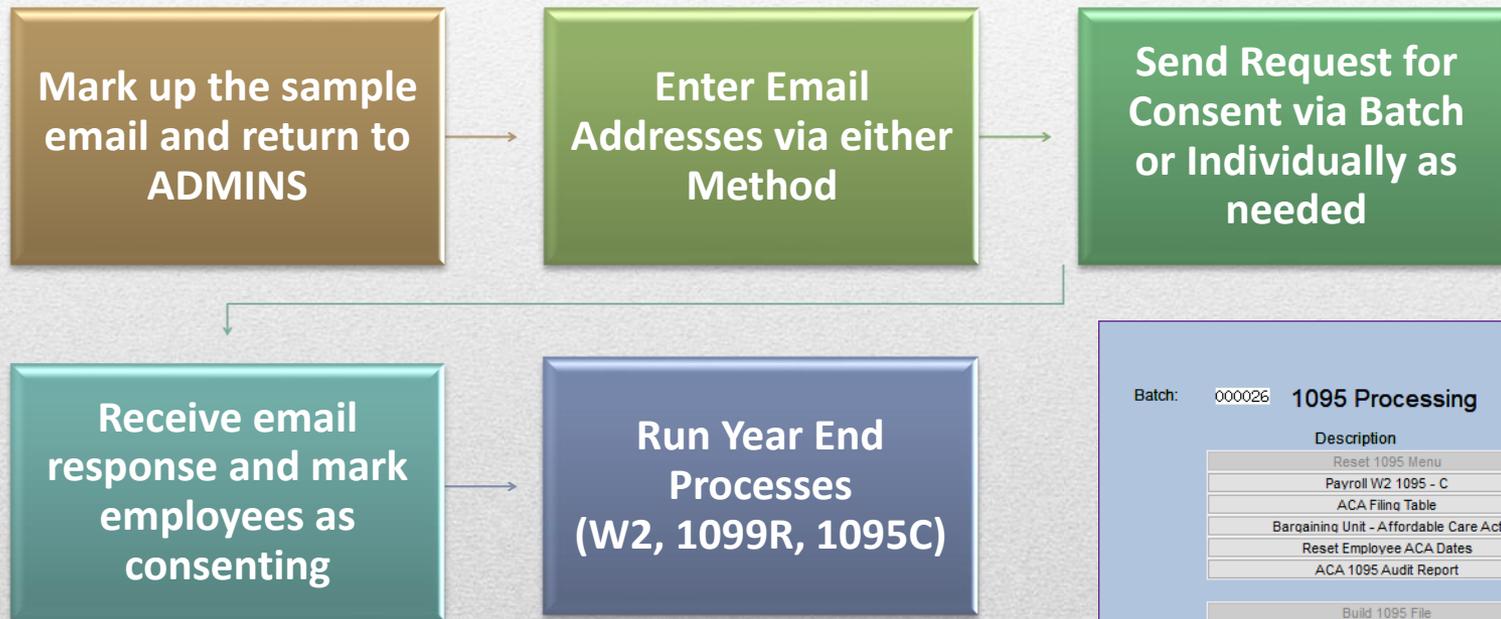
The 1094-C is *always* submitted to the IRS electronically

Email 1095C Forms



Email 1095 Forms

HR—575 Electronic Year End Forms provides all the steps



HR—575 Electronic Year-End Forms



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www.admins.com

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

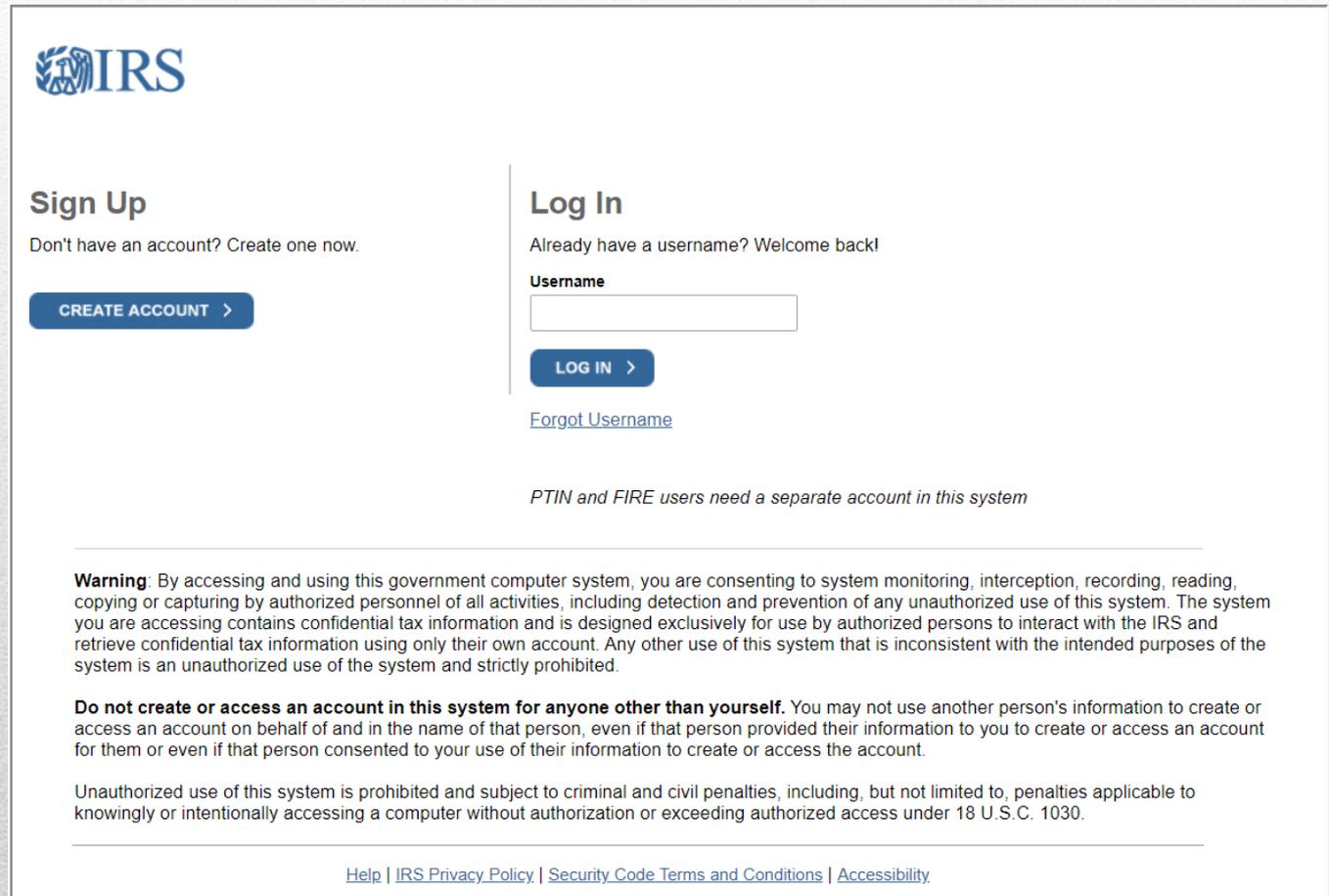


Filing with the IRS - AIR



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

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



The screenshot shows the IRS AIR login interface. At the top left is the IRS logo. Below it are two main sections: 'Sign Up' and 'Log In'. The 'Sign Up' section includes the text 'Don't have an account? Create one now.' and a blue button labeled 'CREATE ACCOUNT >'. The 'Log In' section includes the text 'Already have a username? Welcome back!', a 'Username' label, an empty text input field, and a blue button labeled 'LOG IN >'. Below the 'Log In' button is a blue link for 'Forgot Username'. At the bottom of the login section is the text 'PTIN and FIRE users need a separate account in this system'. Below a horizontal line is a 'Warning' section with text about system monitoring and unauthorized use. Below that is a 'Do not create or access an account in this system for anyone other than yourself' section. At the bottom of the page are links for 'Help', 'IRS Privacy Policy', 'Security Code Terms and Conditions', and 'Accessibility'.

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

Warning: By accessing and using this government computer system, you are consenting to system monitoring, interception, recording, reading, copying or capturing by authorized personnel of all activities, including detection and prevention of any unauthorized use of this system. The system you are accessing contains confidential tax information and is designed exclusively for use by authorized persons to interact with the IRS and retrieve confidential tax information using only their own account. Any other use of this system that is inconsistent with the intended purposes of the system is an unauthorized use of the system and strictly prohibited.

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.

Unauthorized use of this system is prohibited and subject to criminal and civil penalties, including, but not limited to, penalties applicable to knowingly or intentionally accessing a computer without authorization or exceeding authorized access under 18 U.S.C. 1030.

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

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

Generate IRS Export File

Enter Original Receipt# on ACA Filing Table

Generate IRS Export File



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 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
Barquaining 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# 0 values:

Optional: Enter up to 9 ACA Bargaining Units 0 values:

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

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

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
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
(LuAnn sent details November 3, 2022)

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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