

ACA Reporting



ACA Processing Calendar Year Ending December 31, 2023

Thursday, Jan 18, 2024
10:00 AM - 11:00 AM

<https://meet.goto.com/750274117>

Phone Number: 1 (224) 501-3412
Access Code: 750-274-117

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

**Please MUTE your phone after
joining the conference call.**

Thanks!

Form 1095-C (2023) Page 4

Instructions for Recipient (continued)

Line 28. This line reports the employee required contribution, which is the amount paid by you for the lowest cost self-only minimum essential coverage providing minimum value that you employe offered you. For an individual covered IRA, the amount reported constitutes the amount of the taxable contribution.

Line 29. This line reports the applicable ZIP code you employe used for determining affordability of the coverage. If you were offered an individual coverage FICA, line 29, 1A, 1B, or 1C you used on line 14, this will be your primary residence location. If code 10, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information about individual coverage FICA, visit IRS.gov.

Form 1095-C (2023) 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.

All 12 Months	All Months of Coverage												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18. Y/N	PLACE	000-00-2010											

Form 1095-C (2023) Page 2

Instructions for Recipient

You are receiving this Form 1095-C because you employe 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 employe. Form 1095-C, Part II, includes information about the coverage of any other employe 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 employes during the year that was an Applicable Large Employer and began a new job each Form 1095-C if the employe offered coverage to family.

In addition, if you or your spouse (as defined in the type of plan referred to as "family coverage") for some types of minimum value health coverage, you may also receive information about the minimum value of the health plan you reported information.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (an amount 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 five specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit IRS.gov.

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

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

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage VOID CORRECTED OMB No. 1545-2251
Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee

1 Name of Employee (last name, middle initial, last name)
LYNN PLACE

2 Social security number (SSN)
***-**-2515

3 Home of employee
TOWN OF ADMINS

4 Street address (including apartment no.)
221 CROSS WINDS

5 City or town
CAMBRIDGE

6 State or province
MA

7 Country and ZIP or foreign postal code
US 02138

8 Employee identification number (EIN)
041234567

9 Contact telephone number
(017) 484-5100 ext. 2116

10 State or province
MA

11 County and ZIP or foreign postal code
02110

Part II Employee Offer of Coverage

All 12 Months	Employee's Age on January 1:											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E	1E	1E	1E	1H	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$196.29	\$196.29	\$196.29	\$196.29								
16 Sections 4980B Right Holder and Other Payer (enter code, if applicable)	2C	2C	2C	2C	2A	2A	2A	2A	2A	2A	2A	2A
17 Zip Code	02110											

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2023)



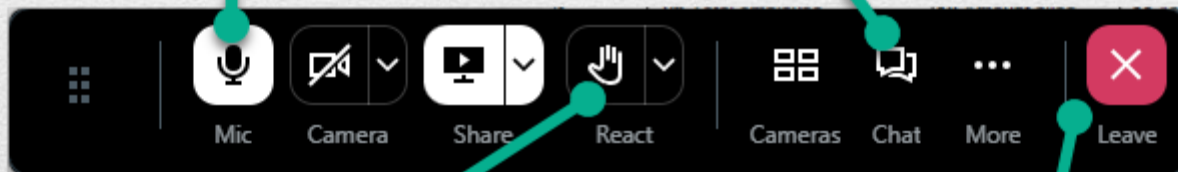
IDEAS. RELATIONSHIPS. RESULTS.
www.admins.com

Tips for GoToMeeting



Microphone - Mute/Unmute toggle

Chat - send a question or comment



Raise your hand or send an emoji

Exit the GoToMeeting

What Will We Cover?



What's New

Registration for IRS e-Services (AIR system uses ID.me)

Housekeeping –Form/Envelopes/Who Gets a Form

Process Flow

Distributing 1095Cs –

- physical printing of the Forms

- email consenting employees

Electronic Filing / Deadlines / Timeline

Q&A

Due Dates & IRS Resources



“...must furnish a Form 1095-C to each of its full-time employees by March 1, 2024, for the 2023 calendar year.” (*paper or emailed*)

IRS Filing – “For calendar year 2023, Forms 1094-C and 1095-C are required to be filed by ... ***April 1, 2024, if filing electronically.***”

“Extensions of time to furnish statements to recipients. The due date for furnishing Form 1095-C is automatically extended from January 31, 2024, to March 1, 2024. Thus, no additional extensions will be granted.”

[Instructions for Forms 1094-C and 1095-C \(2024\) | Internal Revenue Service \(irs.gov\)](#)
[Affordable Care Act \(ACA\) Services | Internal Revenue Service \(irs.gov\)](#)
[e-Services | Internal Revenue Service \(irs.gov\)](#)
[Federal Poverty Level \(FPL\) - Glossary | HealthCare.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](#)

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

[HR-690 Import From a Spreadsheet](#)

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

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

Preparation



E-Services (AIR) with ID.me

TIN Matching

Printing Supplies

Audit Reports

What's New From the IRS



The electronic-filing threshold for information returns required to be filed on or after January 1, 2024, has been decreased to 10 or more returns. *AUC customers have always filed electronically.*

IRS now offers a sign-in option with ID.me, which offers access to IRS online services with a secure account that protects your privacy.

ID.me is an account created, maintained, and secured by a technology provider.

If you don't have an ID.me account, you must create a new account.

Sign in with an existing account

Sign in with **ID.me**

OR

Create a new account

ID.me Create an account



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

[2024 Instructions for Forms 1094-C and 1095-C \(irs.gov\)](https://www.irs.gov/efile/2024-instructions-for-forms-1094-c-and-1095-c)
[e-Services | Internal Revenue Service \(irs.gov\)](https://www.irs.gov/efile/e-services)

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)

What Does ID.me Look Like?



1 ID.me +

Sign in to ID.me

New to ID.me?
[Create an ID.me account](#)

Email

Password

Remember me
For your security, select only on your devices.

[Sign in](#)

[Forgot password](#)

OR

[View more options](#)

English

What is ID.me? | [Terms of Service](#) | [Privacy Policy](#)

2 ID.me +

COMPLETE YOUR SIGN IN

1 — 2 — 3

Choose a multi-factor authentication (MFA) method

You have the following MFA methods enabled.
Choose one to finish signing in.

Text Message or Phone Call
Get a 6-digit code by text message or phone call. [Select](#)

Push Notification
Approve sign-ins via push notifications sent to the ID.me Authenticator mobile app. [Select](#)

Having trouble? Use your [recovery code](#) instead.

Have you lost access to all your MFA methods?
Please begin the [MFA recovery process](#).

English

What is ID.me? | [Terms of Service](#) | [Privacy Policy](#)

3 ID.me +

COMPLETE YOUR SIGN IN

1 — 2 — 3

Enter the code we sent to (***) ***.*416

Enter the 6-digit code *

Didn't receive it? [Resend my verification code](#)

Having trouble? Use your [recovery code](#) instead.

Have you lost access to all your MFA methods?
Please begin the [MFA recovery process](#).

[Go back](#) [Continue](#)

English

Update E-Services Registration



Confirm login credentials

AIR Transmitter Control Codes (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

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

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, or TIN

Selection	Organization
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

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

All Applications

Showing Items 1 to 1 of 1

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)

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

TIN Errors? Use TIN Matching



Please register for this service with the IRS.

Use the TIN Matching service to verify all TINs (employees with name changes too)! The Interactive process accepts up to 25 name/TIN combination requests and returns results in real time.

ACA (1095C), W2, 1099s – all use TINs.

Filing delays may result in costly penalties.

It is more efficient to use Bulk TIN Matching in AUC.

[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 (mmdyyyyy) From: 0101 To: 1231

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:

Process Complete

Export file is
d:\auc_development\admhome\transfer\AUC_TIN.TXT

OK

Printing: Supplies Needed



[See LuAnn's email](#)
for details & links

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

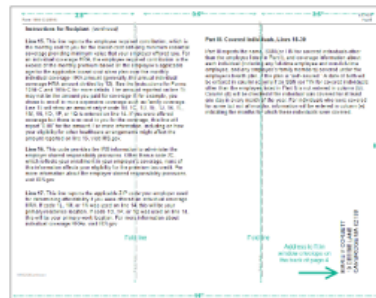
1095-C forms available within the **AUC Human Resources Module** require blank paper stock. Pre-printed stock cannot be used to print 1095-C forms with AUC.

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.

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

Enter the 4-digit year being reported

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

Lookup OK Cancel Clear All

Do not include warnings

ACA 1095 Audit Report



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

ACA_Audit_Report1

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

Slide # 43

ACA_Audit_Report2

Bargaining-Unit	Description	Field	Error-Message
2	RET -RE	retiree aca reporting	No Errors found on this Bargaining Unit for 1095-C

Slide # 44

ACA_Audit_Report3

Emp#	Employee-Name	Field	Error-Message
2	004131 MACH, KEITH		Line 1 SS# is not the Employee SS# must match the employee SS# set on the Contact screen
3		Reportable set to Yes	but Employee has no active Covered Individuals

Slide # 45

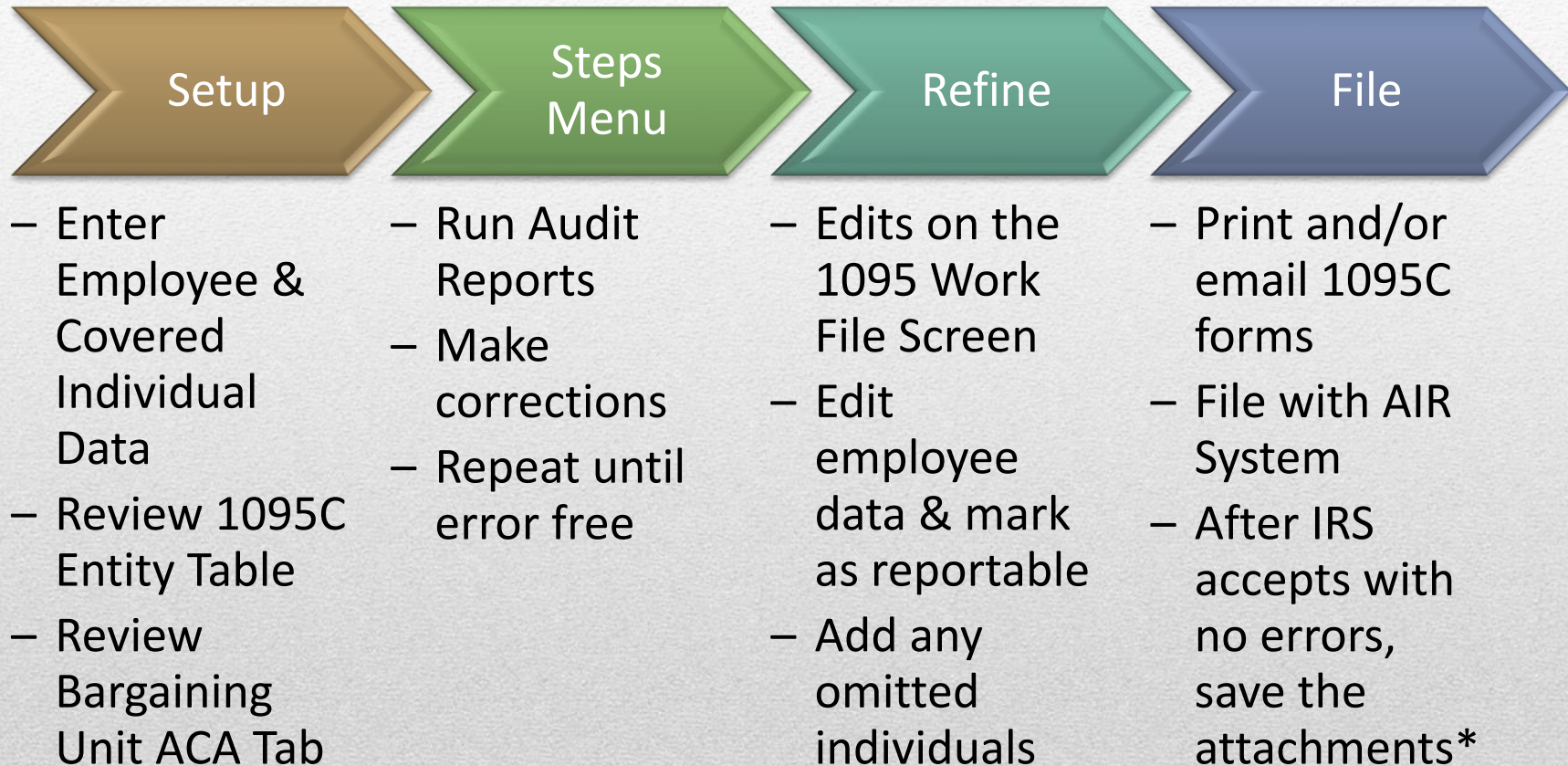
ACA_Audit_Report4

Employee	Name	Position	Description	Hire-Date	Termination	Reason
2	000040	T421DPWDIR-01	DPW DIRECTOR	2/7/1991	2/28/2023	
3	000040	T450PRCCONS-01	DPW PROCUREMENT CONSULTANT	3/1/2023		
4	001272	T171CONCOMM-01	CONSERVATION ADMINISTRATOR/CLERK	9/17/2015	7/7/2023	
5	001320	T992RET1095-01	RETIREE ACA 1095C REPORTING	1/1/2015	3/18/2023	deceased
6	001619	S009ILASUBS-01	SUBSTITUTE ILA	2/1/2021	8/3/2023	RESIGNED
7	001619	S009TEASUBS-01	SUBSTITUTE TEACHER	8/23/2011	8/3/2023	RESIGNED
8	002190	T210POLCHF-01	POLICE CHIEF	8/24/2000	5/31/2023	
9	002244	T210POLLT -01	POLICE LIEUTENANT	6/20/2000	8/16/2023	
10	002262	T220FIRCHF-01	Fire Chief	1/26/2012	6/14/2023	retired
11	002686	S006SCHCLRK-02	CLERK 10 MONTH	9/26/2022	4/28/2023	

Slide # 46

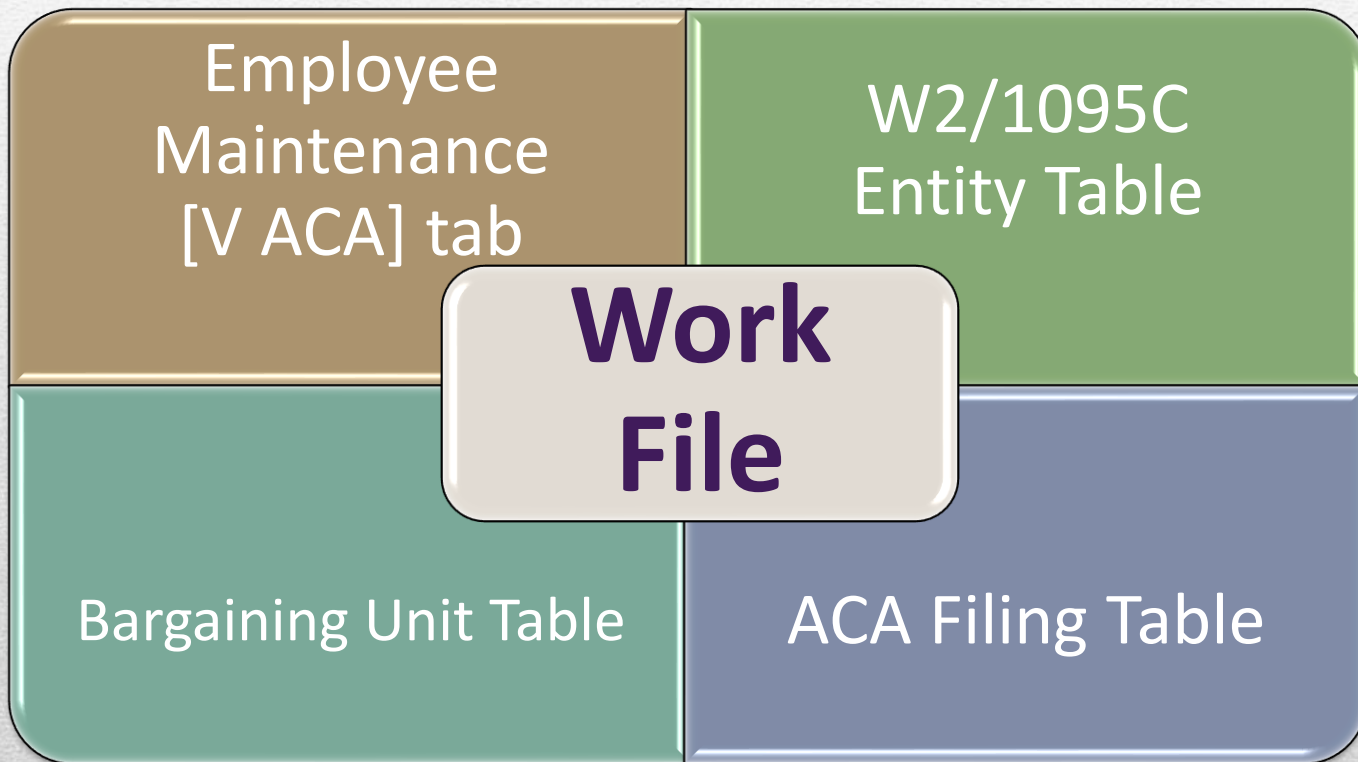


Process Flow



**Attachments are created overnight with the bursting jobs and will be available the following day*

Data Entry



Employee Maintenance Screen

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



Entity Table/Barg Unit

ACA Start Dates

Employment/Enrollment

Cov. Ind. Start Dates

ACA End Dates

Mid Year Terminations

Covered Individual End Dates

Stopping/Declining Coverage

SSN vs. DoB

Edit List

Capturing Employee ACA Data

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



Update the ACA tab throughout the year for new hires, employees electing to take insurance, terminated employees, new covered individuals (e.g., births, marriages) or covered individuals “aging out”

[AUC] 6489-Employee ACA

File Edit Ledgers Purchase Orders Accounts Payable Fixed Assets Human Resources Budget Collections Tax Motor Excise Misc Billing System Favorites Help

Employee ACA

Employee Number: 571980 KAREN A MCCHESEY

Employee Attachments (1)
Employee Position Attachments

No picture on file

Current Positions: S1261EMCH TEAM CHAIR BMS 1,0000
O 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 V ACA

Reportable? Yes No

Reporting Entity or Reporting Bargaining Unit

Dates: ACA Offer Start / End 28-Aug-2023
ACA Reporting Start / End 28-Aug-2023
ACA Full Time Start / End 28-Aug-2023
ACA Coverage Declined

Line	First Name	Middle Initial	Last Name	Suffix	SS#	Birth Date	Coverage Start	Coverage End
1	KAREN	A	MCCHESEY		001-10-5618	28-Feb-1975	#1 01-Sep-2023 #2 #3	
2	ADAM		ZOSCHAK		001-10-6093	22-Dec-1974	#1 01-Sep-2023 #2 #3	
3					000-00-0000		#1 #2 #3	
4					000-00-0000		#1 #2 #3	

Who Gets a Form?



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

If “Reportable” radio button is set to Yes, they will receive a form.
If set to No, then no form will be issued

	#1	#2	#
Reporting Entity	1		
Reporting Bargaining Unit	-	-	
ACA Offer Start / End	12-Sep-2023		
ACA Reporting Start / End	12-Sep-2023		
ACA Full Time Start / End	12-Sep-2023		
ACA Coverage Declined			

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

Employees ***offered coverage*** in 2023, even if they do not elect to ***accept*** coverage until 2024.

Entity vs. Bargaining Unit

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



Reporting Entity #1 1
or Reporting Bargaining Unit -

Enter *either* the Entity or the Bargaining Unit

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 1 or Reporting Bargaining Unit -

Dates: ACA Offer Start / End 28-Aug-2023
ACA Reporting Start / End 28-Aug-2023
ACA Full Time Start / End 28-Aug-2023
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	KAREN	A	MCCHESEY		001-10-5618	28-Feb-1975	#1	01-Sep-2023	
							#2		
							#3		
2	ADAM		ZOSCHAK		001-10-6093	22-Dec-1974	#1	01-Sep-2023	
							#2		
							#3		
3					000-00-0000		#1		
							#2		
							#3		
4					000-00-0000		#1		
							#2		
							#3		

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

Reportable?	Reporting Entity	#1	#2	#3	#4
<input checked="" type="radio"/> Yes					
Dates					
ACA Offer Start / End		28-Aug-2023			
ACA Reporting Start / End		28-Aug-2023			
ACA Full Time Start / End		28-Aug-2023			
ACA Coverage Declined					

January 1 for all ACA start dates in column #1 if coverage was *offered* for the entire year; else use the actual start date

Employed in 2023 / Enrolled 2024



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

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

Reportable? Yes No

Reporting Entity #1 #2 #3 #4

Dates: ACA Offer Start / End 18-Sep-2023

ACA Reporting Start / End 18-Sep-2023

ACA Full Time Start / End 18-Sep-2023

ACA Coverage Declined

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

Line	First Name	Middle Initial	Last Name	Suffix	SS#	Birth D	Coverage Start	Coverage End
1	LYNN		ALBUQUERQUE		001-10-5622		01-Jan-2024	
#2								
#3								

Individuals with a:

2023 ACA Offer start date

2024 Coverage Start date

will be included in the work file & receive a 1095C form because there was an **offer in 2023**, even though coverage was not accepted until 2024

Covered Individuals - Start Dates



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

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	

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

ACA End Dates



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

1 ACA Offer End Date

Continued coverage from prior year— leave blank

A screenshot of a software interface for ACA Offer End Date. The form has a tabbed menu at the top with options: 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 V ACA. The 'V ACA' tab is active. The form contains several sections: 'Reportable?' with radio buttons for 'Yes' (selected) and 'No'; 'Reporting Entity or Reporting Bargaining Unit' with four columns (#1, #2, #3, #4); 'Dates:' with three rows: 'ACA Offer Start / End' (27-Aug-2013), 'ACA Reporting Start / End' (27-Aug-2013), and 'ACA Full Time Start / End' (27-Aug-2013); and 'ACA Coverage Declined'. Below these is a table with columns for 'Coverage Start' and 'Coverage End', with the first row showing '27-Aug-2013'. At the bottom, there is a section for 'NATHAN' with fields for 'ITSAI' and '001-10-5513 01-Jun-1965', and a table with 'Coverage Start' (27-Aug-2013) and 'Coverage End'.

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 they terminated full-time Employment during the reporting year; leave it blank for full-time employment through year end

A screenshot of a software interface for ACA Full Time End Date. The 'V ACA' tab is active. The form contains sections: 'Reportable?' with radio buttons for 'Yes' (selected) and 'No'; 'Reporting Entity or Reporting Bargaining Unit' with four columns (#1, #2, #3, #4); 'Dates:' with three rows: 'ACA Offer Start / End' (07-Feb-1991), 'ACA Reporting Start / End' (28-Feb-2023), and 'ACA Full Time Start / End' (28-Feb-2023); and 'ACA Coverage Declined'. Below these is a table with columns for 'Coverage Start' and 'Coverage End', with the first row showing '01-Jul-2011' and '28-Feb-2023'. At the bottom, there is a section for 'CHRISTINE' with fields for 'DMARTINO' and '001-10-5004 10-May-1967', and a table with 'Coverage Start' (01-Jul-2011) and 'Coverage End' (28-Feb-2023). A purple callout box points to the '28-Feb-2023' date with the text 'Employee terminated employment and coverage ended 28 Feb'. Another blue callout box points to the '28-Feb-2023' date with the text 'Coverage End'.

Hired 2024 / Enrolled 2024

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



Reporting Entity #1	#2	#3	#4
ACA Offer Start / End	15-Jan-2024		
ACA Reporting Start / End	15-Jan-2024		
ACA Full Time Start / End	15-Jan-2024		
ACA Coverage Declined			

Suffix	SS#	Birth Date	Coverage Start	Page End
	016-52-9999		15-Jan-2024	

Individuals with a:

future ACA Offer start date

future coverage start date

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

Employees Terminating Mid Year



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

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

The screenshot shows the ACA reporting interface. At the top, there are fields for 'Reportable?' (Yes/No), 'Reporting Entity', and 'Dates: ACA Offer Start / End'. Below this, there are fields for 'ACA Full Time Start / End' and 'Coverage End'. Two purple arrows point to the 'ACA Full Time End' field (set to 16-Jun-2023) and the 'Coverage End' field (set to 30-Jun-2023). Below these fields is a table for 'Covered Individuals' with columns for Line, First Name, Middle Initial, Last Name, Suffix, SS#, Birth Date, and Coverage Start. Two employees are listed: MARIE ROBERSON and JAMES J MCKIM.

Line 14 will show “1E” for the months of full-time employment and “1H” for the months not employed; coverage beyond Full Time end date will be shown on the 1095C Form

Edit 1095 Work File

The screenshot shows the 1095C form. At the top, it says 'EMPLOYEE OFFER AND COVERAGE' and 'Employees as of January 1'. Below this is a table with columns for months (Jan-Dec) and rows for '14 Offer of Coverage', '15 Employee Share', and '16 Applicable Section'. The '14 Offer of Coverage' row shows '1E' for Jan-Mar and '1H' for Jul-Dec. The '15 Employee Share' row shows '189.75' for Jan-Jun and '2A' for Jul-Dec. The '16 Applicable Section' row shows '2C' for Jan-Jun and '2A' for Jul-Dec. Below this is a section for 'COVERED INDIVIDUALS' with a table for 'Months of Coverage' (Jan-Dec) and rows for '18 MARIE ROBERSON', '19 JAMES J MCKIM', and '20 JOLIE MCKIM'. The '18 MARIE ROBERSON' row shows 'X' for Jan-Jun and 'X' for Jul-Dec. The '19 JAMES J MCKIM' row shows 'X' for Jan-Jun and 'X' for Jul-Dec. The '20 JOLIE MCKIM' row shows 'X' for Jan-Jun and 'X' for Jul-Dec. Two purple arrows point to the '14 Offer of Coverage' row and the '18 MARIE ROBERSON' row.



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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 St	Coverage End	
1	MARIE		ROBERSON		001-10-3843	15-Oct-1987	#1	29-Aug-201	31-Aug-2023
							#2		
							#3		
2	COLBY	J	MCKIM		001-10-5543	16-May-2016	#1	16-May-201	
							#2		
							#3		
3	CRAIG		MCKIM		001-10-5544	21-Dec-1973	#1	23-Sep-201	31-Aug-2023
							#2		
							#3		

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 – 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	2A	2A	2A	2A	2A	2A	2C	2C	2C	2C	2C	
17 Zip Code															

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

The Edit 1095C Work File screen

The 1095C Printed Form

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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19 LIAM P SWEENEY	XXX-XX-6119		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20 DANICA J SWEENEY	XXX-XX-6120		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Dependent Stopped Coverage in Prior Year



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

Employee “Marie” covered January - June

The dependents “James” and “Jolie” are covered January - June

The dependent “Samantha” is not listed on the form as coverage ended in a prior year

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	MARIE		ROBERSON		001-10-3843	15-Oct-1987	29-Aug-2011	30-Jun-2023
2	JAMES	J	MCKIM		001-10-5543	16-May-2016	16-May-2016	30-Jun-2023
3	JOLIE		MCKIM		001-10-5544	21-Dec-1973	23-Sep-2017	30-Jun-2023
4	SAMANTHA		MCKIM		001-10-5545	05-Sep-1998	05-Sep-2021	31-Aug-2022

Status: Employee has no active positions

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 MARIE ROBERSON	XXX-XX-3843			X	X	X	X	X	X							
19 JAMES J MCKIM	XXX-XX-5543			X	X	X	X	X	X							
20 JOLIE MCKIM	XXX-XX-5544			X	X	X	X	X	X							

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 **VACA**

Reportable?
 Yes
 No

Date: 18-May-2015

ACA Reporting Start / End: 18-May-2015

ACA Full Time Start / End: 18-May-2015

ACA Coverage Declined 18-May-2015

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	MARIE	S	ZIEGLER		001-10-3774		#1	
							#2	

Reportable as "offered but declined coverage"

Leave Coverage Dates blank

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 MARIE S ZIEGLER	XXX-XX-3774														

Edit Work File screen shows only the employee, with no coverage

1095 C Form 1095-C (2023) 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"/>

Printed Form shows no covered individuals

ACA Start Dates



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

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

Reportable? Yes No

Reporting Entity #1 [] #2 [] #3 [] #4 []
or Reporting Bargaining Unit [] [] [] []

Dates: ACA Offer Start / End 01-Jul-2015 [] [] [] []
ACA Reporting Start / End 01-Jul-2015 [] [] [] []
ACA Full Time Start / End 01-Jul-2015 [] [] [] []
ACA Coverage Declined 01-Jul-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	LYNN	E	SULLIVAN		001-10-3709		#1 01-Jul-2015	30-Jun-2020
							#2	
							#3	

If an employee *declined* coverage in years past, but accepts it for this year:

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

Reportable? Yes No

Reporting Entity #1 [] #2 [] #3 [] #4 []
or Reporting Bargaining Unit [] [] [] []

Dates: ACA Offer Start / End 01-Jan-2023 [] [] [] []
ACA Reporting Start / End 01-Jan-2023 [] [] [] []
ACA Full Time Start / End 01-Jan-2023 [] [] [] []
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	E	SULLIVAN		001-10-3709		#1 01-Jul-2023	
							#2	
							#3	

Replace the column #1 dates with a 2023 date (use January 1 for coverage offered the entire year)

Enter actual coverage start dates for covered individuals;
Remove coverage end dates

SSN# or Date of Birth?



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

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	KEITH		RUDOLPH		001-10-5636	06-May-2000	#1 19-Sep-2023	
							#2	
							#3	
2	RAINN		RUDOLPH		001-10-9999	01-Dec-2023	#1 01-Dec-2023	
							#2	
							#3	
3	CLARICE		RUDOLPH		000-00-0000	01-Dec-2023	#1 01-Dec-2023	
							#2	
							#3	

For covered individuals:
If the SSN# is known, use it; if unknown, enter a Date of Birth

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	1E
15 Employee Share										195.25	195.25	195.25	195.25
16 Applicable Section		2A	2A	2A	2A	2A	2A	2A	2A	2C	2C	2C	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 RUDOLPH	XXX-XX-5636												X	X	X
19 RAINN RUDOLPH	XXX-XX-9999														X
20 CLARICE RUDOLPH		01-Dec-2023													X

IRS will accept either value; the most common example is a newborn without an assigned TIN # - enter the date of birth; if both are supplied, only the TIN # will print on the form

1095C Form 1095-C (2023) L00320 Page 3

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

(a) Name of covered individual(s) First Name, middle initial, last name		(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
18 KEITH	RUDOLPH	XXX-XX-5636		<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19 RAINN	RUDOLPH	XXX-XX-9999		<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 checked="" type="checkbox"/>
20 CLARICE	RUDOLPH		2023-12-01	<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 checked="" type="checkbox"/>

ACA Edit List



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

Run the ACA Edit List from the Employee Maintenance ACA tab & compare it to data provided by your insurer or Third-Party Administrator

Employee ACA

Employee Number: 072001 JANUARY JONES

Actions: Q 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

Buttons: Lookup, OK, Cancel, Clear All

6488-HREMPACAE.DT.REP Town of Admins Employee ACA Edit List Page 9

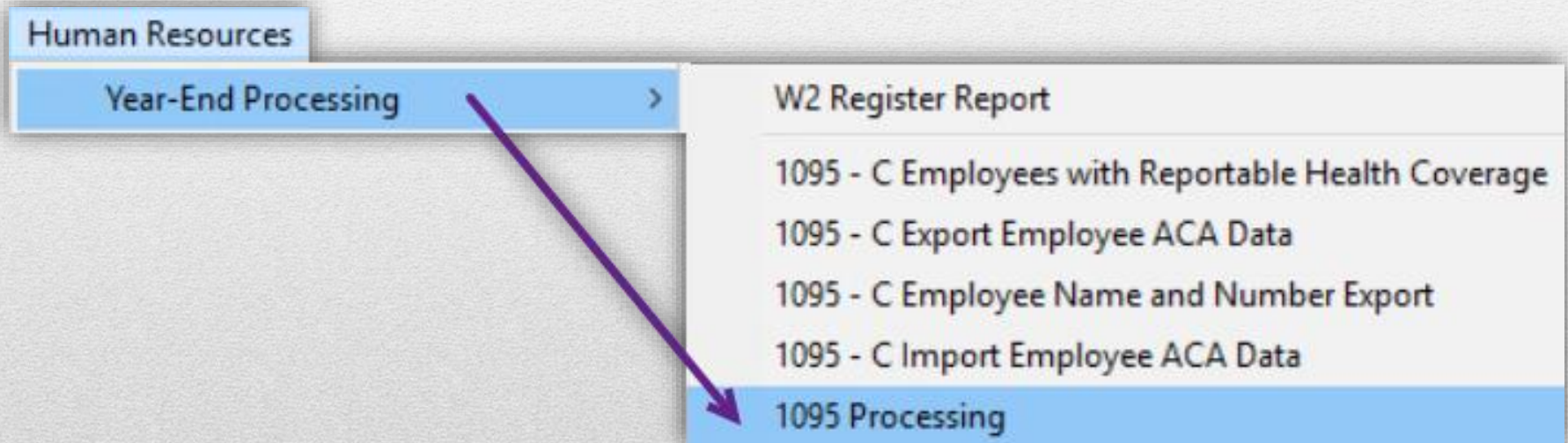
Employee#	Employee Name	Position	Reportable					
002213	MARTIN, MICHAEL P	DIRECTOR OF MAINTENANCE-SCHOOL & TOWN	Yes					
Reporting Entity: 1								
Reporting Bargaining Unit: -								
ACA Offer Start/End: 31-Jan-1996								
ACA Reporting Start/End: 31-Jan-1996								
ACA Full Time Start/End: 31-Jan-1996								
ACA Coverage Declined								
Line	First Name	Middle Name	Last Name	Suffix	SS#	Birth Date	Cover Start	Cover End
1	MICHAEL	P	MARTIN		001-10-1332	22-Mar-1971	#1 31-Jan-1996	
2	NICOLE	S	HOUSTON		001-10-5053	27-Aug-1972	#1 31-Jan-1996	
3	JORDAN	E	HOUSTON		001-10-5054	23-Sep-2000	#1 23-Sep-2000	
4	JAKE	D	HOUSTON		001-10-5055	02-Mar-2003	#1 02-Mar-2003	
5	JACOBI	N	HOUSTON		001-10-5056	02-Oct-2007	#1 02-Oct-2007	
002240	RANIERI, LAWRENCE J	RETIREE ACA 1095C REPORTING	Yes					
Reporting Entity: 1								
Reporting Bargaining Unit: -								
ACA Offer Start/End: 25-Jul-1984								
ACA Reporting Start/End: 25-Jul-1984								
ACA Full Time Start/End: 25-Jul-1984 13-Nov-2013								
ACA Coverage Declined								
Line	First Name	Middle Name	Last Name	Suffix	SS#	Birth Date	Cover Start	Cover End
1	LAWRENCE	J	RANIERI		001-10-1336	12-Nov-1958	#1 13-Nov-2013	
002244	DUQUETTE, KEITH W	No Active Positions	Yes					
Reporting Entity: 1								
Reporting Bargaining Unit: -								
ACA Offer Start/End: 11-Jul-1984								
ACA Reporting Start/End: 11-Jul-1984								
ACA Full Time Start/End: 11-Jul-1984								
ACA Coverage Declined								
Line	First Name	Middle Name	Last Name	Suffix	SS#	Birth Date	Cover Start	Cover End
1	KEITH	W	DUQUETTE		001-10-1337	15-Nov-1960	#1 11-Jul-1984	
2	MARYBETH	A	RANIERI		001-10-5057	26-Sep-1962	#1 11-Jul-1984	

1095 Processing



Human Resources ▶ Year End Processing ▶ 1095 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

Create New Batch and enter a description

Batch#	Start Date	Created By	Year	1-E	2-E	3-E	4-E	Description	In-Progress
000023	08-Jan-2024	THERESA	0000					Bargaining Unit DPW f	
000022	24-Oct-2023	THERESA	2023					First 2023 Group	

1 Create New Batch

2 Delete Batch

3 Select Batch in Progress

[AUC] 7585-1095 Batch Selection [theresa]

Add Batch

Optional: Batch #

Required: Enter Description

Lookup OK Cancel Clear All

Users can edit any batches

Different batches can be worked on simultaneously

Click **3 Select Batch in Progress** to get to the menu

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



Batch: 020231

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				

ACA Filing Table



ACA Filing Table

Batch: 1095 Processing

Description

Reset 1095 Menu
Reset 1095 Menu
ACA Filing Table
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

Goto...

Actions

1 Add New

2 Edit List

3 1095-Process

ACA Filing Table

Year 2023 Software ID 23A0017991

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

Confirm the software ID is **23A0017991**. 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 when received 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 Active

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

Bargaining Unit supersedes the Entity Table if override box is checked

Batch: 1095 Processing

Description

- Reset 1095 Menu
- Payroll W2 1095 - C
- ACA Filing Table
- Bargaining Unit - Affordable Care Act**
- 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

Bargaining Unit - Affordable Care Act

Bargaining Unit: DPW -DP

7 Summary

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

1095-C Line 15 For Codes 1B,1C,1D,1E,1J,1K,1L,1M,1N,1O,1P,1Q,1T or 1U:

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

All 12 Months	Jan	Feb	Mar	Apr	May	Jun
<input type="checkbox"/>	175.00	175.00	175.00	175.00	175.00	172.00
or	Jul	Aug	Sep	Oct	Nov	Dec
<input type="checkbox"/>	190.00	190.00	190.00	190.00	190.00	190.00

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

If Affordability Method 2G used an amount must be entered in the FPL for the year being reported on

Calendar-year plans using the FPL affordability safe harbor, the required employee contribution not to exceed this percentage of the FPL amount.

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

Reset Employee ACA Dates



Reset Employee ACA Dates

7587-HRREP:HR1095RESETDATES.REP Printed 08-Jan-2024 at 12:19:38 by THERESA
Town of Admins
Reset Employee ACA Dates

Update for Tax Year 2023

Employee#	Employee Name	#1	#2
002012	MAZZOLA, MICHAEL P		

Reportable : Yes Reporting Entity 1
Before Update or Reporting Bargaining Unit -
Dates: ACA Offer Start/End 04-Oct-1999 31-Jan-2023 DPW -DP 15-Jun-2023
ACA Reporting Start/End 04-Oct-1999 31-Jan-2023 15-Jun-2023
ACA Full Time Start/End 04-Oct-1999 31-Jan-2023 15-Jun-2023
ACA Coverage Declined 31-Jan-2023

Reportable : Yes Reporting Entity DPW -DP
After Update or Reporting Bargaining Unit -
Dates: ACA Offer Start/End 15-Jun-2023
ACA Reporting Start/End 15-Jun-2023
ACA Full Time Start/End 15-Jun-2023
ACA Coverage Declined

Reportable : Yes Before Update 1 Before Update 04-Oct-1999 31-Jan-2023 15-Jun-2023
Covered Individual: 1 Before Update

Reportable : Yes After Update 1 After Update 15-Jun-2023
Covered Individual: 1 After Update

Reportable : Yes Before Update 2 Before Update 04-Oct-1999 31-Jan-2023 15-Jun-2023
Covered Individual: 2 Before Update

Batch: 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

Task 7587: Reset Employee ACA Dates

Reset Employee ACA Dates
This will reset ACA Dates to the last dates entered on the ACA Tab for the Employee.

Required: Enter Tax Year **2023**

Run as Preview Print PDF
If Printing use Duplex Yes No

Lookup OK Cancel Clear All

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 or Reporting Bargaining Unit
 No

Dates: ACA Offer Start / End 01-Jul-2023
ACA Reporting Start / End 01-Jul-2023
ACA Full Time Start / End 01-Jul-2023
ACA Coverage Declined

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	P	MAZZOLA		001-10-1293	18-Jan-1973	01-Jul-2023	
2	LISA	C	RUSSELL		001-10-5045	16-Aug-1972	01-Jul-2023	

Or...

Reset Employee ACA Dates

No Employees needed to be updated

OK

Reset Employee ACA Dates?



If the employee termed coverage mid year for an entity (e.g., a transfer to a different position for which there are different coverage amounts), then **do not reset** the ACA dates for the employee.

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 or No Reporting Entity #1 #2 #3 #4
 or Reporting Bargaining Unit DFW -DP
 Dates: ACA Offer Start / End 04-Oct-1999 30-Jun-2023 01-Jul-2023
 ACA Reporting Start / End 04-Oct-1999 30-Jun-2023 01-Jul-2023
 ACA Full Time Start / End 04-Oct-1999 30-Jun-2023 01-Jul-2023
 ACA Coverage Declined 30-Jun-2023

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	P	MAZZOLA		001-10-1293	18-Jan-1975	04-Oct-1999	31-Jan-2023
2	LISA	C	RUSSELL		001-10-5045	16-Aug-1972	04-Oct-1999	31-Jan-2023

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
15 Employee Share	1E	189,75	189,75	189,75	189,75	189,75	189,75	190,00	190,00	190,00	190,00	190,00	190,00
16 Applicable Section		2C	2D	2D	2D	2D		2C	2C	2C	2C	2C	2C
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	June	July	Aug	Sep	Oct	Nov	Dec
18 MICHAEL P MAZZOLA	XXX-XX-1293			X						X	X	X	X	X	X
19 LISA C RUSSELL	XXX-XX-5045			X						X	X	X	X	X	X

1095-C Form 1095-C (2023) 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 MICHAEL P MAZZOLA	XXX-XX-1293		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19 LISA C RUSSELL	XXX-XX-5045		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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:

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

Include Warnings in Audit Report Yes No

Run as Preview Print PDF Excel

If Printing use Duplex Yes No

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

Audit Report 3 - EMPLOYEE ACA

Batch: 000022

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 the corrected employees.

#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	DUNN, BRAD	S009EXTSUMR-02	EXTENDED SCHOOL YEAR ILA	01-Jul-2022	06-Aug-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

Different Costs / Same Bargaining Unit



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

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

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

Bargaining Unit: POLICE-01

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

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

Bargaining Unit Just for ACA



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



Bargaining Unit - Affordable Care Act

ACA -15P ACA-15 PCT EMPL HEALTH

Other Info Benefit Statements Affordable Care Act

Override Entity Table

1095-C Line 14 Overall Value:

All 12 Months or

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

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

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

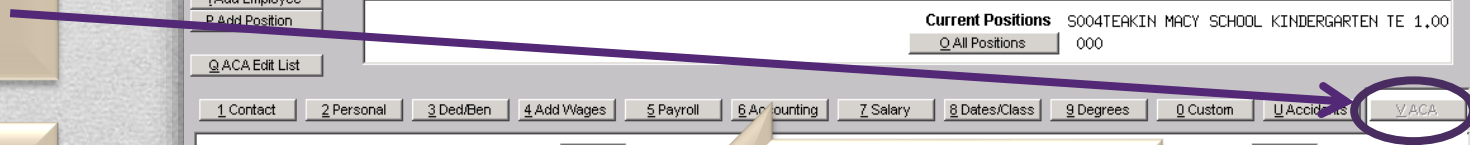
All 12 Months or

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

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



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



Employee ACA

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 #4

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

ACA Full Time Start / End #4

ACA Coverage Declined #4

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:\VAUC_Development\adshome\Transfer\ACA

Transmitter Control Code: KYZZZ | Plan Start Month: 07

Coverage Offered to Employee: Spouse Dependents

HSA Plan HRA Plan

Coverage is Provided Through a Self-Insured Plan? Yes No

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

	189.75	189.75	189.75	189.75	189.75	189.75	195.25	195.25	195.25	195.25	195.25	195.25
--	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------

Bargaining Unit - Affordable Care Act

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

Plan Start Month: Override Entity Table

Coverage Offered to Employee: Spouse Dependents

HSA Plan HRA Plan

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

	190.58	190.58	190.58	190.58	190.58	190.58	196.29	196.29	196.29	196.29	196.29	196.29
--	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------

Annual % 9.50
Federal Poverty Line (FPL) Amount 1890.00

Employer Affordability Safe Harbor 2E Annual % 9.50
Federal Poverty Line (FPL) Amount 1890.00

Employer Affordability

Code	Description	St.
A	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](#).

2022	$\$13,590 * 9.5\% / 12 \text{ months} =$	\$107.59
2023	$\$14,580 * 9.5\% / 12 \text{ months} =$	\$115.42

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

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 [] #2 [] #3 [] #4 []
or Reporting Bargaining Unit RI ACA -1 [] [] [] []

Dates: ACA Offer Start / End 30-Jan-2023 [] [] [] []
ACA Reporting Start / End 30-Jan-2023 [] [] [] []
ACA Full Time Start / End 30-Jan-2023 [] [] [] []
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	KAREN		HIGGINS		001-10-5516	05-Jun-1957	#1 01-Jul-2023	[]
							#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?



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

Build 1095 File

creates Line # 16

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

Edit 1095 Work File

to view or edit
Line # 16

Edit 1095 Work File

Employee# 002018 | 1 Name of Employee MICHAEL P MAZZOLA | 2 SS# 000-00-1293

3 Street Address 179 HAZEL ST

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 HWY | 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 04-Oct-1999

ACA Reporting Start/End 04-Oct-1999 14-Jun-2023

ACA Full Time Start/End 04-Oct-1999 14-Jun-2023

ACA Declined 14-Jun-2023

7 Print Single Form

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		189.75	189.75	189.75	189.75	189.75	172.00	190.00	190.00	190.00	190.00	190.00	190.00
16 Applicable Section		2C	2D	2D	2D	2D	2D	2C	2C	2C	2C	2C	2C

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 MICHAEL P MAZZOLA	000-00-1293			X					X	X	X	X	X	X	X
19 LISA C RUSSELL	000-00-5045			X					X	X	X	X	X	X	X
20 LIAM M RUSSELL	000-00-5046			X					X	X	X	X	X	X	X
21 RIDAN J RUSSELL	000-00-5047			X					X	X	X	X	X	X	X
22 ALANNA H RUSSELL	000-00-5048			X					X	X	X	X	X	X	X

Ready Lkup

To Rebuild or Not?



Edit 1095 Work File

Before making changes here, run the **Employee Edit list**.

Edit 1095 Work File

Goto...
Actions

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

Employee# 002012
1 Name of Employee MICHAEL P MAZZOLA
2 SS# XXX-XX-1293
Reporting Entity 1
Report Bargaining Unit

3 Street Address 179 HAZEL ST
4 City or Town CAMBRIDGE
5 State or Province MA
6 Country and Zipcode or foreign Post Code 02138-0000
ACA Offer Start 04-Oct-1999
ACA Reporting Start/End 04-Oct-1999 14-Jun-2023

7 Name of Employer
9 Street Address
11 City or Town BOSTON

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	172.00	190.00	190.00	190.00	190.00	190.00	190.00
16 Applicable Section		2C	2D	2D	2D	2D	2C	2C	2C	2C	2C	2C	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 P MAZZOLA	XXX-XX-1293			X					X	X	X	X	X	X	X
19 LISA C RUSSELL	XXX-XX-5045			X					X	X	X	X	X	X	X
20 LIAM M RUSSELL	XXX-XX-5046			X											
21 AIDAN J RUSSELL	XXX-XX-5047			X					X	X	X	X	X	X	X
22 ALANNA N RUSSELL	XXX-XX-5048			X					X	X	X	X	X	X	X

Ready

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

Lines 14-16

The edit list is a valuable reference if you need to rebuild the workfile.

Employee Edit List



Edit 1095 Work File

Edit 1095 Work File

Goto...
Actions

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

Employee# 1 Name of Employee
202012 MICHAEL P MAZZOLA

3 Street Address
179 HAZEL ST

4 City or Town
CAMBRIDGE

7 Name of Employer
TOWN OF ADMINS

9 Street Address
219 LEWIS WHARF

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

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 the edit list as a checklist for different bargaining units, cross-check terminations or new hires, etc.

1095C_Employee_Edit_7581_1 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	

Ready Average: 34306.6222 Count: 201 Sum: 1543798 107%



IDEAS. RELATIONSHIPS. RESULTS.
www.admins.com

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# **002012**
1 Name of Employee **MICHAEL P MAZZOLA** Emailed to support@admins.com
2 SS# **XXX-XX-1293**
Reporting Entity **1**
Report Bargaining Unit

3 Street Address **179 HAZEL ST**
4 City or Town **CAMBRIDGE**
7 Name of Employer **TOWN OF ADMINS**
Address **WHARF**
11 City or Town **BOS**

[AUC] 7574-Edit 1095 Work File [theresa] X

Remove Employee 1095 Form
Required: Enter Reason

Lookup OK Cancel Clear All

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									5.25	195.25	195.25
16 Applicable Section	2C												
17 Zip Code													

COVERED INDIVIDUALS If Employer provided self-insurance

(a) Name of Covered

18	MICHAEL P MAZZOLA
19	LISA C RUSSELL
20	LIAM M RUSSELL
21	AIDAN J RUSSELL
22	ALANNA N RUSSELL

[AUC] 7574-Edit 1095 Work File X

? Are you sure you want to remove Employee 001255 Form

Yes No

Ready Lkup UP

Maintenance ▶ Employee Maintenance ▶ [V ACA]

Adding an Omitted Employee



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

1. Change employee Reportable? to Yes and enter ACA & Coverage start dates

The screenshot shows the 'Employee Maintenance' form. The 'Reportable?' field is set to Yes. The 'ACA Offer Start / End' is 01-Mar-2023. The 'ACA Reporting Start / End' is 01-Mar-2023. The 'ACA Full Time Start / End' is 01-Mar-2023. The 'Coverage Start' is 01-Mar-2023. The employee name is LAWRENCE VIENS.

2. [6 Add Employee] in Edit Work file

The screenshot shows the 'Edit 1095 Work File' form. The '6 Add Employee' button is highlighted. A dialog box titled 'Task 7579: Add Employee to 1095 Work File' is open, showing the 'Add Employee to 1095 Work File' form with 'Run as' set to PDF and 'If Printing use Duplex' set to Yes.

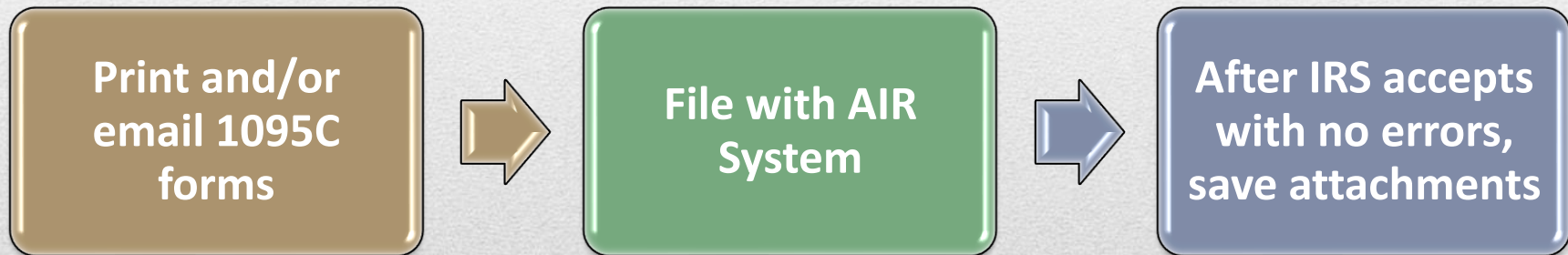
The screenshot shows the 'Edit 1095 Work File' form. The 'EMPLOYEE OFFER AND COVERAGE' table is visible. The table has columns for '12 Mths', 'Jan', 'Feb', 'Mar', 'Apr', 'May', 'Jun', 'Jul', 'Aug', 'Sep', 'Oct', 'Nov', and 'Dec'. The rows are:

14 Offer of Coverage	12 Mths	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
14 Offer of Coverage	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Share			175,00	175,00	175,00	172,00	190,00	190,00	190,00	190,00	190,00	190,00	190,00
16 Applicable Section	2A	2A	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

 The 'COVERED INDIVIDUALS' table is also visible, showing the employee name, SS#, and DOB.

3. Edit lines 14, 15 & 16 as needed

Process Flow – Distribute & File



Printing: What Will Print?



Form 1095-C Employer-Provided Health Insurance Offer and Coverage

OMB No. 1545-2051
2023

Part I Employee

Name of Employee (last name, middle initial, first name)
LYNN PLACE

2 Social security number (SSN)
123-45-6789

7 Name of employer
TOWN OF ADMINS

8 Employer identification number (EIN)
041234567

9 Health address (including mailing address)
21 FARM ST UNIT 1
CAMBRIDGE MA 02138

10 Home address (including phone or mobile no.)
219 LEWIS SHARPE
BOXTON MA 02116

11 Date of birth
01/01/1980

12 Coverage and ZIP or foreign postal code
02116

Part II Employee Offer of Coverage

14 Code of Coverage (enter required code)	15 Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18 Employee Required Contribution (see instructions)		1E	1E	1E	1E	1H	1H	1H	1H	1H	1H	1H	1H
19 Election (SMBP, Self, Member and Other) (enter code, if applicable)		2C	2C	2C	2C	2A	2A	2A	2A	2A	2A	2A	2A
17 Zip Code	02110												

Part III Covered Individuals

18 Name of covered individual
LYNN PLACE

19 Social Security Number (SSN)
123-45-6789

20 Date of birth
01/01/1980

21 Coverage and ZIP or foreign postal code
02116

22 Code of Coverage
1E

23 Election (SMBP, Self, Member and Other) (enter code, if applicable)

Part IV Instructions for Recipient

TIP Employee addresses print on page 4 to fit in a window envelope

16 Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 50% of allowed of the 40 consecutive most highly rated premium line and minimum essential coverage offered for you 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 SSN, see 15C page.

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

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

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

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

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

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

23 No offer of coverage [you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage].

24 Covered for future use.

25 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).

26 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).

27 Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employer's primary minimum ZIP code.

28 Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employer's primary minimum ZIP code.

29 Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employer's primary minimum ZIP code.

30 Individual coverage HRA offered to you only using the employer's primary minimum ZIP code affordability test factor.

31 Individual coverage HRA offered to you, spouse, and dependent(s) using the employer's primary minimum ZIP code affordability test factor.

32 Individual coverage HRA that is NOT affordable using the employee and spouse or dependent(s), or employee, spouse, and dependent(s).

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

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

35 Individual coverage HRA offered to employee and spouse (no dependent) using employer's primary minimum ZIP code.

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

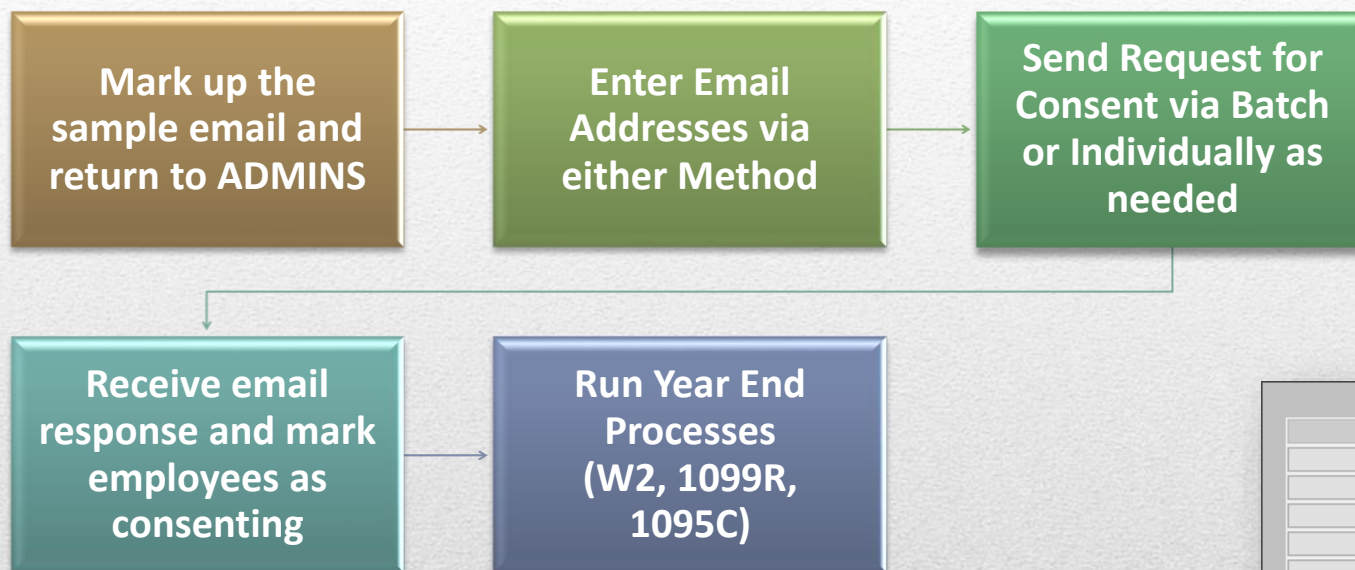
Emailed to employees who have provided *prior consent*

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

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

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

Buttons for system navigation:

- Reset 1095 Menu
- Payroll W2 1095 - C
- ACA Filing Table
- Barquining 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** (highlighted with a purple oval and arrow)
- 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

[AUC] 1095 Original IRS Export Files and Location for Batch 020231

theresa@admins.com
To: Theresa Campbell
Tue 1/9/2024 11:47 AM

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

Town of Admins

The 1095 Export for the IRS has been completed and the files to upload are in the following location:
D:\adminhome\Transfer\ACA

Entity	Manifest File	1094/1095 Form File
1	Manifest_1094C_Request_XYZZZ_20240109T164632424Z.xml	1094C_Request_XYZZZ_20240109T164632424Z.xml

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



Log Into the AIR System-ID.me



1 ID.me +

Sign in to ID.me

New to ID.me?
[Create an ID.me account](#)

Email

Password

Remember me
For your security, select only on your devices.

[Sign in](#)

[Forgot password](#)

OR

[View more options](#)

[English](#)

What is ID.me? | Terms of Service | Privacy Policy

2 ID.me +

COMPLETE YOUR SIGN IN

1 — 2 — 3

Choose a multi-factor authentication (MFA) method

You have the following MFA methods enabled.
Choose one to finish signing in.

Text Message or Phone Call
Get a 6-digit code by text message or phone call. [Select](#)

Push Notification
Approve sign-ins via push notifications sent to the ID.me Authenticator mobile app. [Select](#)

Having trouble? Use your [recovery code](#) instead.

Have you lost access to all your MFA methods?
Please begin the [MFA recovery process](#).

[English](#)

What is ID.me? | Terms of Service | Privacy Policy

3 ID.me +

COMPLETE YOUR SIGN IN

1 — 2 — 3

Enter the code we sent to (***) ***.*416

Enter the 6-digit code *

Didn't receive it? [Resend my verification code](#)

Having trouble? Use your [recovery code](#) instead.

Have you lost access to all your MFA methods?
Please begin the [MFA recovery process](#).

[Go back](#) [Continue](#)

[English](#)

Filing with the IRS - AIR



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

Use this link to log in and submit the files for processing; top image is when the AIR service is undergoing maintenance; image below shows selecting the type (Individual) and organization.

IRS

Affordable Care Act Information Returns

The ACA Information Returns service is currently unavailable due to maintenance. Please try your request later. We apologize for the inconvenience.

[Return to IRS.gov](#)

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.

Organization Roles
Select an Organization to represent a specific role for your organization's location.

Filter Organizations
Filter by business name, address, or application type Show 10 entries

Selection	Organization	Application Type
Select	ADMINS, INC., 219 LEWIS WHARF, BOSTON, MA 02110-3927	ACA

Showing 1 to 1 of 1 entries Previous 1 Next

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 sends you 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  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

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

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

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

Save 1095 Forms as Employee Attachments/Archive

Goto...

Actions

1 Add New

2 Edit List

3 1095-Process

ACA Filing Table

Year **2023** Software ID 23A0017991

Entity	Description	TCC#	Original Receipt#	Correction Receipt#
1	TOWN OF ADMINS	XYZZZ	1094C-24-0076288	1094C-24-0077534
2	Town of ADMINS Fire Di	222		
3	School of ADMINS	222		
4	Regional School of ADM	BBGRT		
5	1099R test	BBGRT		

Correction Receipt#
1094C-24-0077534

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

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 *not required* when correcting a form; it is *available* if the form is to be emailed

Dates, Times, & Success Flags remain on the "Edit 1095 Work File" through "Enter Original Receipt..." steps

Description	Date	Start	End	Success
Edit 1095 Work File	08-Jan-2024	13:41:23.58	13:41:24.33	✓
	09-Jan-2024	09:22:36.71	09:22:46.79	✓
	09-Jan-2024	09:25:59.09	09:26:20.16	✓
	09-Jan-2024	09:26:31.83	09:33:28.78	✓
	09-Jan-2024	10:07:55.61	10:07:56.15	✓

Attach 1095C Copies (1 of 2)



Save 1095 Forms as Employee Attachments/Archive

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

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.

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

**Attachments created overnight via bursting jobs & will be available the following day*

Attach 1095C Copies (2 of 2)



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

Save 1095 Forms as Employee Attachments/Archive

Save 1095 Forms as Employee Attachments/Archive

Has the IRS Export file been Submitted to the IRS Website
Press Yes to Continue
Press No to Exit

Yes No

Save 1095 Forms as Employee Attachments/Archive

Has the IRS Export been accepted (with or without) Errors
Press Yes to Continue
Press No to Exit

Yes No

Save 1095 Forms as Employee Attachments/Archive

Are you SURE the IRS Export been accepted
Press Yes to Continue
Press No to Exit

Yes No

The system will present three prompts in succession. Please read each and click on the pushbutton – select “Yes” if the Export file has been submitted & accepted by the IRS.

How Do I Re-Issue a 1095C?



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
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

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](#)

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

Task 7575: Print 1095 Forms

Print 1095 Forms

Required: Entity Code

Optional: Enter up to 9 Employee#

Optional: Enter up to 9 ACA Bargaining Units

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

Lookup

Print a Single Form



Edit 1095 Work File

<p>Goto...</p> <p>Actions</p> <p>1 1095 Menu</p> <p>2 Check for Errors</p> <p>3 1095 Register</p> <p>4 Employee Edit</p> <p>5 Remove Employee</p> <p>6 Add Employee</p>	<p>Employee# 002012</p>	<p>1 Name of Employee MICHAEL P MAZZOLA</p>	<p>2 SS# XXX-XX-1293</p>	<p>Reporting Entity 1</p> <p>Report Bargaining Unit</p> <p>ACA Offer Start 04-Oct-1999</p> <p>ACA Reporting Start/End 04-Oct-1999 14-Jun-2023</p> <p>ACA Full Time Start/End 04-Oct-1999 14-Jun-2023</p> <p>ACA Declined 14-Jun-2023</p>	
<p>3 Street Address 179 HAZEL ST</p>					
<p>4 City or Town CAMBRIDGE</p>		<p>5 State or Province MA</p>	<p>6 Country and Zipcode or foreign Post Code 02138-0000</p>		
<p>7 Name of Employer TOWN OF ADMINS</p>			<p>8 Employer ID (EIN) 041234567</p>		
<p>9 Street Address 219 LEWIS WHARF</p>			<p>10 Contact Phone (617) 494-5100 x 2116</p>		
<p>11 City or Town BOSTON</p>		<p>12 State MA</p>	<p>13 Zipcode 02110-0000</p>		

7 Print Single Form

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	15 Employee Share	16 Applicable Section	17 Zip Code						
1E																						
		189,75	189,75	189,75	189,75	189,75	172,00	190,00	190,00	190,00	190,00	190,00	190,00									
		2C	2D	2D	2D	2D	2C	2C	2C	2C	2C	2C	2C									

COVERED INDIVIDUALS													(e) Months of Coverage			
If Employer provided self-insured coverage, check the box <input checked="" type="checkbox"/>																
(a) Name of Covered	(b) SS#	(c) DOB	(d) 12 Mth	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
18 MICHAEL P MAZZOLA	XXX-XX-1293			X					X	X	X	X	X	X	X	
19 LISA C RUSSELL	XXX-XX-5045			X					X	X	X	X	X	X	X	
20 LIAM M RUSSELL	XXX-XX-5046			X												
21 AIDAN J RUSSELL	XXX-XX-5047			X					X	X	X	X	X	X	X	
22 ALANNA N RUSSELL	XXX-XX-5048			X					X	X	X	X	X	X	X	

Ready

Furnishing a Revised 1095C



Edit 1095 Work File

Return to the Edit workfile screen to make the correction

Print a revised form for the individual; then write on the form

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]



Seq#	Description	File Name
17	2020 1095C Entity:1	1095C_2020_1_002012_2106101733.pdf
18	2021 W2 Entity:1	W2_2021_1_002012_2201281119.pdf
19	2021 1095C Entity:1	1095C_2021_1_002012_2207121726.pdf
20	2022 W2 Entity:1	W2_2022_1_002012_2301311014.pdf
21	2022 1095C Entity:1	1095C_2022_1_002012_2307240944.pdf
22	2023 W2 Entity:1	W2_2023_1_002012_2311140943.pdf
23	2023 1095C Entity:1	1095C_2023_1_002012_2401091404.pdf

Access a duplicate form via the **Employee Maintenance** screen. The most recent form will be at the bottom of the screen.

The filename will be **1095C_** followed by a four-digit year, the six-digit employee number, and the creation date and time. The file location will be shown in hover text. If the employee has provided prior consent, the Email Form button will be available.

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	April 1

March 2: Issue all 1095 C Forms to employees

April 1: Electronically file with the IRS

Rhode Island is now on the same schedule!

Submit the same files to the state of Rhode Island

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

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# 002012	1 Name of Employee MICHAEL P MAZZOLA	2 SS# XXX-XX-1293
3 Street Address 179 HAZEL ST		
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
04-Oct-1999

ACA Reporting Start/End
04-Oct-1999 14-Jun-2023

ACA Full Time Start/End
04-Oct-1999 14-Jun-2023

ACA Declined
14-Jun-2023

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	172.00	190.00	190.00	190.00	190.00	190.00	190.00
16 Applicable Section		2C	2D	2D	2D	2D	2C	2C	2C	2C	2C	2C	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 P MAZZOLA	XXX-XX-1293			X					X	X	X	X	X	X	X
19 LISA C RUSSELL	XXX-XX-5045			X					X	X	X	X	X	X	X
20 LIAM M RUSSELL	XXX-XX-5046			X					X	X	X	X	X	X	X
21 AIDAN J RUSSELL	XXX-XX-5047			X					X	X	X	X	X	X	X
22 ALANNA N RUSSELL	XXX-XX-5048			X					X	X	X	X	X	X	X

Ready

Questions? support@admins.com



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Reminder: To Do...



Test and Confirm login credentials for e-Services
(*ID.me, AIR system login*)

Order perforated stock (if using) and envelopes

Enter and proof employee data

Test drive the system

Send questions to support@admins.com

Questions?



Email Support@admins.com for assistance



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