

**COATS**

303 Lynnhaven Pkwy., Suite 200 Virginia Beach, VA 23452  
(757) 499-7652 (757) 490-2888 Fax

**ACA Year End****ACA Year End**

**SITUATION: Client is an Applicable Large Employer (ALE) and must report 1094C and 1095C forms. The forms will be generated based on the information that is pulled from the ACA screen, the assignment starts and end dates, and the hours processed through payroll. Form instructions are found on the IRS website.**

**The SETUP of this white paper is:** Steps for ACA yearend will be listed first. The steps will include the creation of the New Year 1094C submission, followed by the creation of the 1095C's. The Electronic Filing, Error review, and Correction file steps will come at a later date. There is an index at the end to assist with locating specific information.

**DISCLAIMER:** You must not rely on the information in this document as an alternative to advice from your attorney, professional legal services provider, or broker. If you have any specific questions about any Affordable Care Act legal matter you should consult your attorney, professional legal services provider, or broker. You should never delay seeking legal advice, disregard legal advice, or commence or discontinue any legal action because of information in this document or the tools within COATS.

COATS worked diligently to provide ACA Tools to our clients to help them with compliance regarding the Affordable Care Act. Please note it is the user's responsibility to ensure proper classifications, plans, types and calculations are accurate.

It is the responsibility of the Employer to ensure and approve each 1095C form prior to mailing and submission of electronic 1094C file.

**Please Note:**

**Under the Employer Information Tab, \*Indicates 2015 only requirement for Certifications of Eligibility for B. Qualifying Offer Method Transition Relief AND Under the Employer Information Tab and ALE Member Information Tab \*\*is NOT an Option for 2017 and above of C. Section 4980H Transition Relief.**

**\*\*\*System Notes: This requires .NET Framework version 4.5.1 or higher AND Windows Server.2008 or higher\*\*\***  
**SCREEN RESOLUTION - Varies with monitors, example 1680x1050 OR 1920x1080 or greater are required in order to view the entire COATS ACA Year-End Report Form Windows.**

COATS ACA Year-End Report Forms

ACA Submission Admin Info (1094-C) | Form 1095-C | Current Employee Months with Assignment and Monthly Hours Worked

Submission Info | Employer Information | Govt Entity Employer Info | ALE Member Information | Other ALE Group I | Other ALE Group II

Part I - Applicable Large Employer Member (ALE Member)

**Company Information**

Name I: COMPANY NAME  
Name II:   
Address I: ADDRESS  
Address II:   
City: CITY | State: ST | Zip (1-5): | Zip Ext:   
Control Text: | TIN Request Code:   
Employer EIN: 000000000

Company has elected the Pay Option

**Contact Information**

First Name: FIRST  
Middle Initial:   
Last Name: LAST  
Surname:   
Phone: (000)000-0000  
Title:

**ALE Member Information**

Total number of Forms 1095-C submitted with this transmittal:   
Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions:   
Total number of Forms 1095-C filed by and/or on behalf of ALE Member: 0  
Is ALE Member a member of an Aggregated ALE Group?

**Certifications of Eligibility (select all that apply):**

A. Qualifying Offer Method  B. Qualifying Offer Method Transition Relief  C. Section 4980H Transition Relief  D. 98% Offer Method

Signature PIII:   
Title:

**1094c Submissions**

Year	Created	Submission Id	Corrected	ID#
2015	12/25/2015			

Year: 2015 | Create New Submission  
Create New Submission From Selected  
ACA Form 1094 C | Export Files

**STEPS:**

Below are different steps to assist COATS users in utilizing the ACA Year end Utility.

IRS NOTES from PAGE 23 of Publication 5165 (Rev. 04-2016), can be found in step 3 on the AIR webpage.

&(Ampersand), '(Apostrophe), <(Less Than), "(Quotation Marks), --(Double Dash), and #(Hash Key) are rejected characters.

**NOTE: All changes made are saved at the time they are saved. If items do not update as desired, closing ACA Yearend Utility and going back in will refresh data.**

**Please Note:**

**Under the Employer Information Tab, \*Indicates 2015 only requirement for Certifications of Eligibility for B. Qualifying Offer Method Transition Relief AND Under the Employer Information Tab and ALE Member Information Tab \*\*is NOT an Option for 2017 and above of C. Section 4980H Transition Relief.**

### I. 1094C Submission:

#### 1. To create a desired year

To start the ACA process the users will need to create a new submission for the desired year. The desired year will be reflected on the top right of the ACA form. The user should fill in the submission ID, Company Name, address, contact phone number, and if paying to reflect with the 1095C.

- A. Click **Reports**.
- B. Click **ACA**.
- C. Click **ACA Year End Forms and Media**.
- D. A disclaimer will appear, the user will need to click **OK** to enter the Utility. Clicking **Cancel** will close window without accessing the ACA Year end utility.
- E. In **Admission Admin Info (1094-C), Employer Information**, input desired year in Year field on the right.  
For example, it is 2024, but you are gathering 2023 data, enter 2023.
- F. Click .
- G. A disclaimer will appear, click **OK**.
- H. Fill in **1094-C information**  
Below is the required information before continuing to the 1095C information. The information shown below is used on the 1095C, the user can go back to the **1094** to complete the required fields/tabs after the 1095c's are complete. For assistance on what is required in the fields the user will reference the 1094C legend shown at the beginning of this instructional guide.
  - i. Under **Submission information**, enter Submission ID of 1 unless creating second submission for the year, this does not count corrected submission files.
  - ii. Under **Employer Information**, enter the company **Name I, Address I, Suite, City, State, Zip, EIN, Contact Name, and Contact Phone**.
  - iii. If a client did not offer insurance and paying for the year, check **Company has elected the Pay Option**, box to the right of the **Client Contact** detail.

#### 2. To print 1094C

Once the user has setup the 1094C form they can print the 1094C. This can be kept for company records and/or submitted if the user is submitting the 1094C forms via paper and not via XML.

**Note:** COATS supports the Electronic File Submission, the paper form submission was not reviewed. Should the user want to file via paper, they will need to consult Publication 5223 on the IRS website.

**NOTE: As of 1/19/24 the 1094C and 1095c forms are not available to print but are available to create and review.**

- A. Click **Reports**.
- B. Click **ACA**.
- C. Click **ACA Year End Forms and Media**.
- D. A disclaimer will appear, the user will need to click **OK** to enter the Utility. Clicking **Cancel** will close the window without accessing the ACA Year end utility.

- E. In Admission Admin Info (1094-C), Employer Information, select desired **Year** in grid on the right.
- F. Click .
- G. Preview of the form will appear.
- H. Click  to select print information prior to printing.  
Click  to quick print to the default printer.
- I.  out when complete

## II. 1095C Employee Forms:

### 1. Creating the 1095's group for the first time:

After the user has created and filled in the **1094C Submission ID, Client Name, address, contact phone**, and if paying vs playing, the user will need to generate the 1095C forms. Recommended reviewing of the 1095C data prior to changing any codes manually in case of need for re-generation if more than a couple needs to be updated. Users can remove 1 employee and re-add as needed.

- A. Click **Reports**.
- B. Click **ACA**.
- C. Click **ACA Year End Forms and Media**.
- D. A disclaimer will appear, the user will need to click **OK** to enter the Utility. Clicking **Cancel** will close the window without accessing the ACA Year end utility.
- E. In **Admission Admin Info (1094-C), Employer Information**, select desired year in Year field on the right.
- F. Click **Form 1095 C** Tab.
- G. Click .
- H. A disclaimer will appear, click **OK**.
- I. Click **OK** to message "Are you sure you want to create new records for this year? All records will be deleted and reset including any manual entry"  
When clicking **OK** this will remove all 1095C forms associated with the year and submission id selected. Clicking **Cancel** will abort the process.
- J. Click **OK** to message "Click OK to generate forms for the year indicated?"  
When clicking **OK** the system will generate all 1095C's for the year. Clicking **Cancel** will abort the generation of new forms.
- K. Click **OK** to Task Complete.
- L. The 1095 C Employee List will reflect on the right of the window, under **Employees 1095c**.

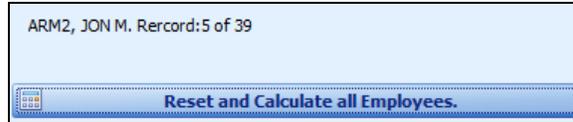
**Note:** COATS will auto populate codes and monies for lines 14, 15, and 16 based on the data within the system. This process confirms if the user has chosen the pay vs play, the status changes, plan types, etc. Users **MUST** review the codes for accuracy prior to submitting/mailling these forms.

### 2. Reset and Calculate all Employees:

Once the forms have been created, if the user modifies plan details and need to update the forms with this change and wants to reset and Calculate ALL Employees; this option would be used if modifying employee's ACA Comment window, the Calculator to the right of their name could not be used (see Step 5 below.)

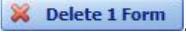
- A. Click **Reports**.
- B. Click **ACA**.
- C. Click **ACA Year End Forms and Media**.
- D. A disclaimer will appear, the user will need to click **OK** to enter the Utility. Clicking **Cancel** will close the window without accessing the ACA Year end utility.
- E. In **Admission Admin Info (1094-C), Employer Information**, select desired year in Year field on the right.
- F. Click **Form 1095 C** Tab.

- G. On the bottom left of the screen, Click .
- H. Click **OK** to message “Do not select this option if you have manually modified any 1095c form, as they will be reset.”
- I. Wait while the system goes through each employee to update the codes based on the data entered. The user will see the names it is completing on the button left, once done, the user will no longer see the system scrolling through a list of names.



### 3. Remove selected Employee from the list:

Users may need to remove employees from the list to either regather the data after changes are made OR they were mistakenly marked as non-variable.

- A. Click **Reports**.
- B. Click **ACA**.
- C. Click **ACA Year End Forms and Media**.
- D. A disclaimer will appear, the user will need to click **OK** to enter the Utility. Clicking **Cancel** will close the window without accessing the ACA Year end utility.
- E. In **Admission Admin Info (1094-C), Employer Information**, select desired year in Year field on the right.
- F. Click **Form 1095 C** Tab.
- G. Select the person in the list on the right.  
Multi-selection does not enable ability to delete more than one at a time.
- H. Click .
- I. Click **OK** to message “Do you want to delete the current 1095C.”
- J. The employee will no longer reflect in the list on the right.

**NOTE:** Should the user receive an error, ignore, X out of all windows, then start again at Step A. Sometimes the first deleted employee throws an error but wasn't actually deleted.

### 4. Add 1 Employee to the list:

Users may need to add employees to the list. Examples for this would be to re-grab an employee previously removed or to bring someone forward that was not generated on the list. The alternative would be to re-generate for all employees listed. Regenerating for all employees may be beneficial if there are many employees that need to be added. Be sure those being added are updated in the employee record as well.

- A. Click **Reports**.
- B. Click **ACA**.
- C. Click **ACA Year End Forms and Media**.
- D. A disclaimer will appear, the user will need to click **OK** to enter the Utility. Clicking **Cancel** will close the window without accessing the ACA Year end utility.
- E. In **Admission Admin Info (1094-C), Employer Information**, input desired year in Year field on the right.
- F. Click **Form 1095 C** Tab.
- G. Click .
- H. Select an employee from the list.
- I. The Employee will be reflected on the right in the **Employees 1095c** list.

### 5. To calculate for one person:

After adding 1 person, COATS allows the user to calculate for one employee vs. overwriting the codes for all employees. If codes are comments are added or removed that affects the Employee Type, Plan,

or Enrollment Status the user should refer to removing Employee and Adding Employee before calculating the codes.

- A. Click **Reports**.
  - B. Click **ACA**.
  - C. Click **ACA Year End Forms and Media**.
  - D. A disclaimer will appear, the user will need to click **OK** to enter the Utility. Clicking **Cancel** will close the window without accessing the ACA Year end utility.
  - E. In **Admission Admin Info (1094-C), Employer Information**, select desired year in Year field on the right.
  - F. Click **Form 1095 C** Tab.
  - G. Locate the employee on the right. Allow the system to catch up and fully update the Employee information on the right.
  - H. Click  to the right of the employee's name in the right grid.
  - I. The employee information will be updated.
6. **To manually update a 1095c for 1 Employee:**  
The user may find a situation where an individual Employee's 1095c needs to be manually modified for Line 15, 15, or 16. The user is overriding the programmed codes and \$ amounts and are using their own judgement when modifying a 1095c form.
- A. **Line 14 codes** describe the **Offer of Coverage**. The user can click the edit button to the right of each box to edit each month.
  - B. **Line 15 codes** describe **Employee Share of the Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage**. The user can click the edit button to the right of each box to edit each month.
  - C. **Line 16 codes** describe the **Applicable Section 4980H Safe Harbor Code**. The user can click the edit button to the right of each box to edit each month.
  - D. All other areas of the **1095c** need to be edited from the **Employee Master Record** and/or **Tax/ACA** screen to update the individual **1095c**.
7. **To print 1095C for 1 Employee:**  
COATS provides the ability to print 1095C forms one at a time vs all 1095 C forms. This is helpful when one needs to be reprinted or if the user wishes to preview the information prior to printing all.  
**Note:** COATS supports the Electronic File Submission, the paper form submission was not reviewed. Should the user want to file via paper, they will need to consult Publication 5223 on the IRS website.  
**NOTE: As of 1/19/24 the 1094C and 1095c forms are not available to print but are available to create and review.**
- A. Click **Reports**.
  - B. Click **ACA**.
  - C. Click **ACA Year End Forms and Media**.
  - D. A disclaimer will appear, the user will need to click **OK** to enter the Utility. Clicking **Cancel** will close the window without accessing the ACA Year end utility.
  - E. In Admission Admin Info (1094-C), Employer Information, select desired year in Year field on the right.
  - F. Click **Form 1095 C** Tab.
  - G. Locate the person in the list on the right.
  - H. Click  to the right of employee on right grid.
  - I. Preview of the form will appear.
  - J. Click  to select print information prior to printing.  
Click  to quick print to the default printer.
  - K.  out when complete.

**8. To Print Label for 1 Employee:**

COATS enables the ability to print labels for one employee to use on envelopes.

- A. Click **Reports**.
- B. Click **ACA**.
- C. Click **ACA Year End Forms and Media**.
- D. A disclaimer will appear, the user will need to click **OK** to enter the Utility. Clicking **Cancel** will close the window without accessing the ACA Year end utility.
- E. In Admission Admin Info (1094-C), Employer Information, select desired year in Year field on the right.
- F. Click **Form 1095 C** Tab.
- G. Locate the person in the list on the right.
- H. Click  to the right of the person on the grid.
- I. Insert the label number used. When users re-use label sheets and have only specific labels remaining, this will be the number associated to the label it will reflect data on.
- J. Preview of the label will appear.
- K. Click  to select print information prior to printing.  
Click  to quick print to the default printer.
- L.  out when complete.

**9. To print 1095C all Employees:**

IRS requires that all Non-variable and Variable employees whom are enrolled in a self-insured plan be furnished with a 1095C form. Please review 1094C & 1095C instructions for specific Guidelines regarding forms. COATS enables ability to print 1095C's for all employees listed on the grid. This will reflect the data selected and/or generated through this utility. Users must confirm all data.

**NOTE: As of 1/19/24 the 1094C and 1095c forms are not available to print but are available to create and review.**

- A. Click **Reports**.
- B. Click **ACA**.
- C. Click **Yea ACA Year End Forms and Media**.
- D. A disclaimer will appear, the user will need to click **OK** to enter the Utility. Clicking **Cancel** will close the window without accessing the ACA Year end utility.
- E. In Admission Admin Info (1094-C), Employer Information, select desired year in Year field on the right.
- F. Click **Form 1095 C** Tab.
- G. Click  below the list of employees.
- H. Preview of the form will appear.
- I. Click  to select print information prior to printing.  
Click  to quick print to the default printer.
- J.  out when complete.

**10. Updating 1095C Forms:**

By default the forms are **portrait** layout. These will print and fit in the standard W2 format from the L4UP form.

**Note:** COATS supports the Electronic File Submission; *the paper form submission was not reviewed*. Should the user want to file via paper, they will need to consult Publication 5223 on the IRS website.

By Default COATS will print in Portrait Layout, with the below file names  
Form\_1095\_C\_2016.repx for the 2015 year 1095 C forms

Form\_1094\_C\_2016.repx for the 2015 1094 C form.

Form\_1095\_C\_2015.repx for the 2015 year 1095 C forms

Form\_1094\_C\_2015.repx for the 2015 1094 C form.

To alternate forms please contact Technical Support

**11. To Print Label for ALL Employee**

COATS enables the ability to print labels for one employee to use on envelopes.

- A. Click **Reports**.
- B. Click **ACA**.
- C. Click **ACA Year End Forms and Media**.
- D. A disclaimer will appear, the user will need to click **OK** to enter the Utility. Clicking Cancel will close the window without accessing the ACA Year end utility.
- E. In Admission Admin Info (1094-C), Employer Information, select desired year in Year field on the right.
- F. Click **Form 1095 C** Tab.
- G. Click  .
- H. Preview of the labels will appear.
- I. Click  to select print information prior to printing.  
Click  to quick print to the default printer.
- J.  out when complete.

**III. Electronic Files**

**NOTE: All changes made are saved at the time they are saved. If items are not updated as desired, closing ACA Yearend Utility and going back in will refresh data.**

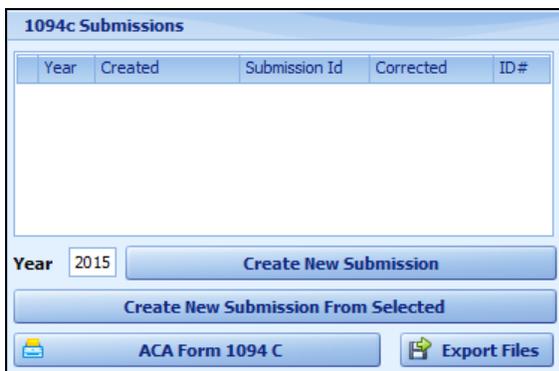
**Please Note:**

**Under the Employer Information Tab, \*Indicates 2015 only requirement for Certifications of Eligibility for B. Qualifying Offer Method Transition Relief AND Under the Employer Information Tab and ALE Member Information Tab \*\*is NOT an Option for 2017 and above of C. Section 4980H Transition Relief.**

**NOTE: As of 1/19/24 the 1094C XML file is not available and will be sent in an updated version prior to the 4/1/24 due date.**

**LEGEND**

**ACA SUBMISSION ADMIN INFO (1094-C) Right side:**



Year	Created	Submission Id	Corrected	ID#

Year:

\*Year – Year of submission. Users will input the IRS year filing before clicking to create a new submission. (Editable)

**\*Create New Submission** – Creates submission based on year entered.

**Create New Submission from Selected** – Creates a copy of selected submission. Best used when creating a Corrected file submission for 1094 file.

**ACA FORM 1094 C** – Will print a 1094 based on the entered information. Requires all information to be filled in prior to printing the 1094 C form.

**Export Files** – Used to create the XML file to load through the AIR program.

**ACA Submission Admin Info (1094-C)** Left side has multiple tabs. Below are sections for each Tab.

**SUBMISSION INFO (1<sup>st</sup> Tab on the Left Side):**

\* - Indicates item used with the 1095C's.

The screenshot shows a 'Submission' form with the following fields and values:

- ID#**: 1
- Created**: 12/25/2015
- Year**: 2015
- Corrected Indicator**:
- Corrected Unique Submission ID**: [Empty text box]
- Business Name I**: [Empty text box]
- Business Name II**: [Empty text box]
- Corrected Submission Payer TIN**: [Empty text box]

**ID #** - A sequential number that uniquely identifies each submission within a transmission. Every Form 1094 C requires a submission ID. Should start at 1 and increment by 1 sequentially for each form 1094 C in the transmission. User will start with 1 and count up for each additional file that is not a corrected file. *(Editable)*

**Created** - Will auto-populate with the date the submission file selected was created. As Submissions are selected on the right the created date will update based on the selected submission. *(Non-Editable)*

**Year** – IRS tax year for which the data on the FORM 1094 C is being submitted. Will reflect the year from the submission selection on the right. *(Non-Editable)*

**Corrected Indicator** - Check if this file is a corrected file for the year. Checking this field will reflect as a corrected file on the manifest and form files. Corrected files are ONLY created when the original submission is accepted or accepted with errors and the IRS says the files need to be resubmitted. If unsure, FIRST confirm with IRS Help desk if Corrected Files are needed. *(Editable)*

**Corrected Unique Submission ID** – Input the Receipt ID. Received after the first submission is loaded. (ex: 1095C-29-00000385). This is only input for Corrected Files. Corrected files are ONLY created when the original submission is accepted or accepted with errors and the IRS says the files need to be resubmitted. If unsure, FIRST confirm with IRS Help desk if Corrected Files are needed. *(Editable)*

**Business Name I** - Should only be entered if this is a corrected file. If corrected file, the user will input the business name once the year has been created. This should match the Employee Information tab unless the name has changed. Corrected files are ONLY created when the original submission is accepted or accepted with errors and the IRS says the files need to be resubmitted. If unsure, FIRST confirm with IRS Help desk if Corrected Files are needed. *(Editable)*

**Business Name II** - Should only be entered if this is a corrected file. If corrected file, the user will input the second part of the business name. This should match the Employee Information tab unless the name has changed. Corrected files are ONLY created when the original submission is accepted or accepted with errors and the IRS says the files need to be resubmitted. If unsure, FIRST confirm with IRS Help desk if Corrected Files are needed. *(Editable)*

**Corrected Submission Payer TIN** – Should only be entered if this is a corrected file. If corrected file, put in the Corrected Submission Payer TIN. Should read the same as the Employee Info tab the EIN number unless the number is corrected. Corrected files are ONLY created when the original submission is accepted or accepted with errors and the IRS says the files need to be resubmitted. If unsure, FIRST confirm with IRS Help desk if Corrected Files are needed. *(Editable)*

**EMPLOYER INFORMATION (2<sup>nd</sup> Tab on the left side):**

\*-Indicates items used with the 1095C:

Part I : Applicable Large Employer Member (ALE Member)	
<b>Company Information</b> Name I <input type="text" value="DEMONSTRATION COMPANY"/> Name II <input type="text"/> Address I <input type="text" value="303 LYNNHAVEN PARKWAY"/> Address II <input type="text" value="SUITE 200"/> City <input type="text" value="VIRGINIA BEACH"/> State <input type="text" value="VA"/> Zip (1-5) <input type="text" value="23452"/> Zip Ext <input type="text"/> Control Text <input type="text"/> TIN Request Code <input type="text" value="BUSINESS_TIN"/> Employer EIN <input type="text" value="12456789"/>	<b>Contact Information</b> First Name <input type="text" value="KAREN"/> Middle Initial <input type="text" value="A"/> Last Name <input type="text" value="CONNOR"/> Surname <input type="text"/> Phone <input type="text" value="(800)888-5894"/> Title <input type="text" value="VP BUSINESS DEVELOPMENT"/>
<input type="checkbox"/> Company has elected the Pay Option	
<b>ALE Member Information</b> Total number of Forms 1095-C submitted with this transmittal <input type="text" value="912"/> Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions <input checked="" type="checkbox"/> Total number of Forms 1095-C filed by and/or on behalf of ALE Member <input type="text" value="912"/> Is ALE Member a member of an Aggregated ALE Group? <input type="checkbox"/>  <b>Certifications of Eligibility (select all that apply):</b> <input type="checkbox"/> A. Qualifying Offer Method <input type="checkbox"/> * B. Qualifying Offer Method Transition Relief <input type="checkbox"/> ** C. Section 4980H Transition Relief <input type="checkbox"/> D. 98% Offer Method  Signature PIN <input type="text"/> Title <input type="text" value="VP BUSINESS DEVELOPMENT"/>	

\***Name I** - Holds the Company Name. This field is required before generating the 1095C files. *(Editable)*

**Name II** - Holds the secondary Company Name. *(Editable)*

\***Address I** - Holds the Corporate Street Address of the company. This field is required before generating the 1095C files. *(Editable)*

**Address II** - Holds the Corporate suite for the company. *(Editable)*

\***City** - Corporate City of the company. This field is required before generating the 1095C files *(Editable)*

\***State** - Corporate State of the company. This field is required before generating the 1095C files *(Editable)*

\***Zip (1-5)** - Holds the Corporate Zip. This field is required before generating the 1095C files. *(Editable)*

\***Zip Ext** - Holds the Corporate Zip code extension. *(Editable)*

**Control Text** – Name Control of the ALE Member. This field is optional and holds 4 characters. This is used to describe the company. Stated if publication 4163 this contains the first 4 characters of the business name I field. &, -, and numbers are permitted. Publication 4163 provides links that can be used to verify the control text. *(Editable)*

**TIN Request Code** – Identifies the ALE Member TIN Request Type. This will be either be: BUSINESS\_TIN, INDIVIDUAL\_TIN, or UNKNOWN. This will describe the 9 character TIN or EIN listed on the window. *(Editable)*

\***Employer EIN** – Employer 9 digit EIN. This number is entered with NO DASHES. This field is required before generating the 1095C files *(Editable)*

\***First Name** - Contact First Name of person who is responsible for answering any questions. This field is required before generating the 1095C files. *(Editable)*

**Middle Initial** - Contact Middle Initial of person who is responsible for answering any questions. This field is required before generating the 1095C files. *(Editable)*

\***Last Name** - Contact Last Name of person who is responsible for answering any questions. This field is required before generating the 1095C files. *(Editable)*

**Surname** - Contact Surname of person who is responsible for answering any questions. Ex. Jr, Sr, etc. *(Editable)*

\***Phone** - Contact Phone of person who is responsible for answering any questions. This field is required before generating the 1095C files. *(Editable)*

**Title** - Holds the title of the person who is responsible for answering any questions. Reflects what is in the Title listed below, editing this field will affect the other field as well. This is used to sign the form. *(Editable)*

**\*Company has elected the pay option** - Check the box if the company is paying instead of playing. This must be done prior to loading and creating data. If the company has both pay and play employees, they should leave with default, either checked or not checked, and manually update other 1095 forms. *(Editable)*

**Total Number of Forms 1095-C submitted with this transmittal** - Input the Total Number of 1095 C's that would be sent with the 1094 C. Once the 1095 are loaded the user will see the total number of 1095 at the bottom of the list. The electronic file will count the 1095's generated/listed when created. Both the form and the electronic file and the printed form will auto populate with the number of forms generated. To see this the user will need to generate the forms prior to printing or generating the electronic file.. *(Editable)*

**Is this the authoritative transmittal for this ALE member** - Check the box if this is an Authoritative Transmittal. If Not checked then the user is done with the Admin Information unless they are a Designated Governmental Entity (DGE) or a corrected file. If checked the user will need to fill in the other fields in this section, the ALE member information, and other ALE Group information if applies. *(Editable)*

**Total Number of forms 1095-C filed by and/or on behalf of ALE Member** – Holds total number of 1095 C's that will be filed by and/or on behalf the ALE Member. This includes 1095 C's filed with other ALE members. This is to be filled in if the 1094 C is an Authoritative Transmittal and/or ALE Group Member. This field is seen when file is printed for Employer records and used with the electronic file. *(Editable)*

**Is ALE Member a member of an aggregated ALE Group** - Check the box if applies. If check the user will fill in Aggregated Group Indicator for at least one month of the year. If box is unchecked the user will skip the Aggregated Group Indicator code. *(Editable)*

**Certifications of Eligibility (Select all that apply)** - Check all that apply for this 1094 C. The user will be indicating if the employer meets the eligibility requirements and is using one of the offer methods and/or one of the forms of transition relief indicated. *(Editable)*

- A. Qualifying Offer Method - Checking indicates the user will at some point in the 1095 C use code 1A for months the offer was made and 1I for months offer was not made in line 14. The user will not complete box 15 on the 1095 C.
- B. \*Qualifying Offer Method Transition Relief for 2015 – Used for 2015 only. Checking indicates the user will at some point in the 1095 C use code 1A for months the offer was made and 1I for months offer was not made in line 14. The user will not complete box 15 on the 1095 C INDICATES 2015 ONLY REQUIREMENT
- C. \*\*Section 4980H Transition Relief – Checking this option requires the user to indicate each month they qualify for Section 4980H in the AL Member Information section. NOT an OPTION for 2017 and ABOVE.
- D. 98 % Offer Method – If checked, the user is not required to fill in Full-Time Employee Count in ALE Member Information section.

**Signature PIN** – Holds up to 10 characters used to electronically file the 1094 form. This field is optional electronically in 2015. *(Editable)*

**Title** – Holds the title of the person who is responsible for answering any questions. Reflects what is in the Title listed above, editing this field will affect the other field as well. This is used to sign the form. *(Editable)*

**GOVT ENTITY EMPLOYER INFO:** If a Designated Governmental Entity (DGE) filing on behalf of an employer, fill in this tab.

Govt Entity Employer Info				Contact Information	
Name I	<input type="text"/>			First Name	<input type="text"/>
Name II	<input type="text"/>			Middle Initial	<input type="text"/>
Address I	<input type="text"/>			Last Name	<input type="text"/>
Address II	<input type="text"/>			Surname	<input type="text"/>
	State	Zip (1-5)	Zip Ext	Phone	<input type="text"/>
City	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Control Text	<input type="text"/>	TIN Request Code	<input type="text"/>		
Employer EIN	<input type="text"/>				

**Name I** - Enter the DGE name (*Editable*)

**Name II** - Enter the secondary DGE name (*Editable*)

**Address I** - Enter the DGE address (*Editable*)

**Address II** - Enter the DGE suite (*Editable*)

**City** - Enter the DGE city (*Editable*)

**State** - Enter the DBE State (*Editable*)

**Zip (1-5)** - Enter the DGE Zip (*Editable*)

**Zip Ext** - Enter the DGE Zip code Extension (*Editable*)

**Control Text** - Name control of the DGE. This field is optional and holds 4 characters that describe the Government Entity. (*Editable*)

**TIN Request Code** - Code to identify the TIN Type of the DGE. This will be either be: BUSINESS\_TIN, INDIVIDUAL\_TIN, or UNKNOWN. This will describe the 9 character TIN or EIN listed on the window. (*Editable*)

**Employer EIN** - DGE Employer Identification Number (*Editable*)

**First Name** - DGE Contact First Name (*Editable*)

**Middle Initial** - DGE Contact Middle Initial (*Editable*)

**Last Name** - DGE Contact Last Name (*Editable*)

**Surname** - DGE Contact Surname. Ex. Jr, Sr, Etc. (*Editable*)

**Phone** - DGE Contact Phone (*Editable*)

**ALE MEMBER INFORMATION:** To be filled in if Authoritative Transmittal is checked.

Part II : ALE Member Information						
	(a) Minimum Essential Coverage Offer Indicator		(b) Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	** (e) Section 4980H Transition Relief Indicator
	Yes	No				
23 All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Jan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Feb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Mar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Apr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Jun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Jul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Aug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Sep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Dec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Minimum Essential Coverage Offer Indicator** - Check either Yes or No for All or Each month. Checking “Yes” to indicate offered Minimum Essential Coverage and Checking “No” to indicate that Minimum Essential Coverage was not offered. If both are checked, Yes will be marked in electronic file. *(Editable)*

**Full-Time Employee Count for ALE Member** - Enter Number of Full-Time Employees for ALE member. This is entered for All if the same for each month or entered for each month. Should not count those in a limited non-assessment period. If client offered 98% offer method then not required to complete this column. The user can use the report found under **Reports/ACA/Employee Status Per Month**. From this report use the **Non-Variable** total for the Full-Time Employee Count as long as the report is pulled for the full year for which the forms were created. *(Editable)*

**Total Employee Count for ALE Member** - Enter the Number of Employees for ALE Member. This is entered for each month. If this number is the same for each month then enter in ALL and leave each month blank. Should include all employees, full time, part time and those in limited non-assessment periods. The user can use the report found under **Reports/ACA/Employee Status Per Month**. From this report use the **Tot Emp** total for the Total Employee Count as long as the report is pulled for the full year for which the forms were created. *(Editable)*

If preferred, the user can also pick one of the following options to determine the number of employees per month.

- A. First day of the each month
- B. Last day of each month
- C. The first day of the first payroll period that starts during each month
- D. The last day of the first payroll period that starts during each month (provided that for each month that last day falls within the calendar month in which the payroll period starts.)

**Aggregated Group Indicator** – This must be selected if the user indicated in Employer Information tab that they were an Aggregated Group Member. Check to indicate if part of the aggregated group for ALL or check for each month that applies. *(Editable)*

**\*\*Section 4980H Transition Relief Indicator** – Used if the Employer selected “Section 4980H Transition Relief” on employer information tab. The user will enter: *(Editable)* NOT an OPTION for 2017 and ABOVE

- A if eligible for 50-99 relief
- B if eligible for 100 or More relief
- Leave Blank if Section 4980H Transition relief box is not checked from Part II.

**OTHER ALE GROUP I & OTHER ALE GROUP II:** Fill in marked as an authoritative transmittal and Marked as Aggregate Group Indicator in Part II is checked.

	Name I	Name II	EIN
36	<input type="text"/>	<input type="text"/>	<input type="text"/>
37	<input type="text"/>	<input type="text"/>	<input type="text"/>
38	<input type="text"/>	<input type="text"/>	<input type="text"/>
39	<input type="text"/>	<input type="text"/>	<input type="text"/>
40	<input type="text"/>	<input type="text"/>	<input type="text"/>
41	<input type="text"/>	<input type="text"/>	<input type="text"/>
42	<input type="text"/>	<input type="text"/>	<input type="text"/>
43	<input type="text"/>	<input type="text"/>	<input type="text"/>
44	<input type="text"/>	<input type="text"/>	<input type="text"/>
45	<input type="text"/>	<input type="text"/>	<input type="text"/>
46	<input type="text"/>	<input type="text"/>	<input type="text"/>
47	<input type="text"/>	<input type="text"/>	<input type="text"/>
48	<input type="text"/>	<input type="text"/>	<input type="text"/>
49	<input type="text"/>	<input type="text"/>	<input type="text"/>
50	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name I** - Company Name of another Aggregated Group Member. Required field to include on the electronic file. *(Editable)*

**Name II** - Company Secondary Name of another Aggregated Group Member *(Editable)*

**EIN** - Employer Identification Number for another Aggregated Group Member. Required field to include on the electronic file. *(Editable)*



**FORM 1095c: LEFT SIDE:**

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Health Care Plans (Current Event)</b> Enrolled Declined Court Ordered Notification <input type="checkbox"/> <input type="text"/> MEC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> COBRA Enrolled Declined Letter Sent Plan Selected <input type="text"/> Medicaid <input type="checkbox"/> Stop Coverage <input type="checkbox"/> <input type="text"/>																															
Nickname <input type="text"/> Status <input type="text"/> Number <input type="text"/> <input type="text"/>		Phone # <input type="text"/> Other # <input type="text"/> Cell # <input type="text"/> Text <input type="text"/> Email <input type="text"/>																															
<b>Employee Offer and Coverage</b> 14 Offer of Coverage (enter required code) All 12 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec <input type="text"/> <input type="text"/>																																	
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage All 12 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00																																	
16 Applicable Section 4980H Safe Harbor (enter code, if applicable) All 12 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec <input type="text"/> <input type="text"/>																																	
<b>Dependents</b> <table border="1"> <thead> <tr> <th>First</th> <th>M</th> <th>Las...</th> <th>Sur...</th> <th>Rel...</th> <th>...</th> <th>DOB</th> <th>Sta...</th> <th>End...</th> </tr> </thead> <tbody> <tr> <td colspan="9"> </td> </tr> </tbody> </table>			First	M	Las...	Sur...	Rel...	...	DOB	Sta...	End...										<table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Notes</th> <th>Ini</th> <th>Callback</th> </tr> </thead> <tbody> <tr> <td colspan="5"> </td> </tr> </tbody> </table>			Date	Time	Notes	Ini	Callback					
First	M	Las...	Sur...	Rel...	...	DOB	Sta...	End...																									
Date	Time	Notes	Ini	Callback																													
Color Description <input type="checkbox"/> No Hours <input type="checkbox"/> Hours			Corrected Record Information Id <input type="text"/> SSN <input type="text"/> First <input type="text"/> M <input type="text"/> Last <input type="text"/>																														
<input type="button" value="Reset and Calculate all Employees."/>			<input type="button" value="Print Labels"/>																														

**CONTACT/SUMMARY** – Employee name, address, phone(s), nickname, status, ID, text & Email. This information is pulled from the employee master record. This should be edited from the employee master record. Once items are edited, the employee must be regenerated to include the changes. *(Not-editable)*

**HEALTH CARE PLANS** – Reflects the enrollments status, employee type, and the plan selected associated to the selected comments below. Any changes to these items must be done from the employee master record. *(Not-editable)*

**EMPLOYEE OFFER and COVERAGE** – This will hold the 1 Codes, employee cost, and 2 codes entered into the ACA Plans window for the 1095 forms. This will auto fill based on the employee information previously entered for ACA. The items will include the Enrolled, Declined, Variable, Non-Variable dates, the Plan type, the assignments start date, the assignment end date, and the hours received within the year. *(Editable)*

Line 14: Offer of coverage - This will utilize the 1 codes designated from Instructions for Forms 1094-C and 1095-C. The default 1 code will be assigned in the ACA Plans window for each plan type. Code 1H should be listed in any month that has no offer of coverage.

Line 15: Employee Share of Lowest Cost Monthly Premium - Will pull the Employee cost from the ACA Plans window for codes 1B, 1C, 1D, & 1E. The Employee Cost, if the same for all employees on this plan, will be assigned in the ACA plans window for each plan type. If this fluctuates for employees then should be left blank and will need to be manually updated.

Line 16: Applicable Section 4980H Safe Harbor - This will utilize the 2 codes from Instructions for Forms 1094-C and 1095-C. The default decline 2 code will be assigned in the ACA plans window for each plan type.

**DEPENDENTS** – Pulls from the dependents list from the Employee Master Record/ Tax/ ACA window. Users should only fill in if the employee is enrolled in a self-insured plan. Last name is a required item for them to reflect. (*Editable*) Table has room to hold 5 dependents. Part III of the 1095c form will populate with this data if the Employer selected the box Self-Insured under the Plan form under Maintenance/COATS Setup/ACA Plans.

**COLOR DESCRIPTIONS** - The system will review the employee hours and assignments for each month. Based on this information, the month header will be written in a color. This section reviews each color possible with the meanings.

**Black** – No Hours

**Green** – Has Hours

**UPDATE COVERED** – For Self-Insured insurance holders, COATS is set to fill check months for the dependents based on the Working/Covered codes. Users may manually alter the codes and doing so will require the Covered individuals to be updated as well. Last name is a required field to include their information.

**CORRECTED RECORD INFORMATION** – Will only reflect if corrected is chosen in the 1094, Submission Tab, and checking Corrected Indicator. This will hold the ID (number from original file), SSN, First, Middle, Last, and Suffix of the correct record. The information should match the ID(number from original file) , SSN, First, Middle, Last, and Suffix listed unless one has been corrected.

**ACA CONTACT** – Lists all ACA contacts from the Employee Master Record/ Tax/ ACA window. Any change made will reflect on the employee/ tax/ ACA. After changes are made the employee will need to be regenerated to include the changes. (*Editable*)

**RESET and CALCULATE ALL EMPLOYEES** – resets the **EMPLOYEE OFFER and COVERAGE** sections. This will replace codes reflected in the lines 14, 15, and 16 for all employees reflected on the grid.

**PRINT LABELS** – Will print a label for all 1095 forms. Requires the forms to be filled out prior to printing.

**FORM 1095 C, Right side:**

**ERROR COLUMN** – Will reflect a 2 Character error code. Employees with an error code were unable to accurately generate codes for a 1095c form. Please review the data for all 1095c forms with an error code as well as those whom are not marked as enrolled or declined and did offer insurance.

**NV COLUMN** – Will reflect a “✓” for all employees who switched from Non-Variable to Variable.

**ENROLLED COLUMN** – Will reflect a “✓” for all 1095’s where the employee enrolled coverage. This will be based on the last option listed/selected.

**DECLINED COLUMN** – Will reflect a “✓” for all 1095’s where the employee declined coverage. This will be based on the last option listed/selected.

**NAME COLUMN** – Reflects the employee name.

**SOCIAL COLUMN** – Reflects the employee Social Security Number.

**EmpID # COLUMN** – Reflects the employee COATS assigned ID Number.

**CALC** – Button will calculate what codes go in each month for this employee.

**1095-C** – Prints a 1095-C for selected person.

**LABEL** – Will print a label for the selected person.

**YEAR** – Reflects the year the forms applies. (*Non-editable*)

**CREATE Forms** – Creates/Recreates the Forms for the selected Submission - Generating a form for all employees whom are working Non-Variable and Enrolled Variable for Self Insured plans. This is based on the date the employee’s ACA contact note saying “to Non-Variable”, the hours in the system for each month, the ACA contact

note saying “to Variable”, the end dates, the employee status, enrolled dates, declined dates, stopped coverage date, etc. Please ensure the employee data prior to creating the data. After the data is created items can be altered/adjusted. Once this process has been started, recreating the data will erase all work. This will base on the check box when forms are generated. For those who switch due to life changing events, those codes will need to be updated.

**ADD AN EMPLOYEE** – Enables the ability to add another employee if unable to re-create the data for the year.

**ACA FORM 1095 C** – Will print all 1095 forms with the information reflecting in the window.

**DELETE 1 FORM** – Will remove the selected person on the top from the list. This will only remove one employee at a time. This does not work with MultiSelect mode.

**MULTISELECT MODE** – Adds a selection column to the grid above. This field allows users to select employees who will need to have a corrected 1095C form.

**CREATE CORRECTED SUBMISSION WITH SELECTED EMPLOYEES** – Creates a corrected 1094C form in which to attach these forms.

**CURRENT EMPLOYEE MONTHS WITH ASSIGNMENT AND MONTHLY HOURS WORKED:**

This tab will reflect the hours and assignment months based on the employee selected in the 1095C tab. This is used to assist in verification of codes.

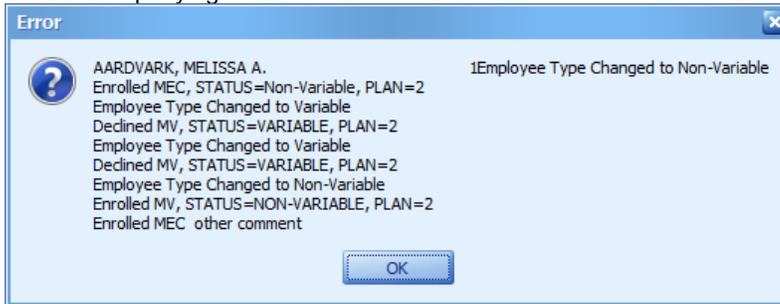
The screenshot displays two side-by-side data entry windows. The left window, titled 'Assignment Months', contains a table with two columns: 'Year' and 'Month'. Below the header, there is a large empty grid area for data entry. The right window, titled 'Hours Worked During the Year', contains a table with twelve columns representing the months of the year: 'Jan', 'Feb', 'Mar', 'Apr', 'May', 'Jun', 'Jul', 'Aug', 'Sep', 'Oct', 'Nov', and 'Dec'. Below the header, there is a large empty grid area for data entry.

**Assignment Months** - Reflects the months in each year that the employee has assignments.

**Hours Worked during the Year** - Reflects the total hours for each month.

**Known User Created Errors:**

In each of the below cases, the user will need to perform additional steps. In some cases, the error will appear and will CONTINUE to process the employees; in other cases the error will appear and STOP the process where the user will need to recalculate and recreate the forms. These errors can appear in no particular order. Review each error below and the accompanying notes.



When creating forms, if a comment that was manually added and contains wording “Enrolled MEC”, “Declined MEC”, “Enrolled MV”, “Declined MV”, or “Stopped Coverage” these comment conflict with the calculations. The above message will appear saying the employee name, ID number and then all comments for the individual.

**To clean up:**

1. Write down employee name and ID
2. After forms are created, close out ACA yearend
3. Locate Employee record, and update the comment by removing and reading without that wording
4. In the ACA/ Year End/ Form 1095C
5. Remove employee
6. Add employee
7. Calculate

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