

THE NEW EMPLOYER REPORTING REQUIREMENTS



**NEW 6055 AND 6056 REPORTING REQUIREMENTS FOR
HEALTH PLANS & APPLICABLE LARGE EMPLOYERS**

The Requirement

IRC 6055

- Providers of Minimum Essential Coverage (health insurance companies or self-insured plans)

IRC 6056

- Applicable Large Employers

Applicable Large Employers

Must file report required under section 6056 of the tax code for all of 2015 regardless of effective date.

Insurance Providers (Carriers and Self-Insured Plans)

Must file report required under section 6055 of the tax code for all of 2015 regardless of effective date.

Self-Insured Applicable Large Employers

In an effort to minimize burden and streamline the reporting process, while minimizing the need for employers and the IRS to build multiple systems to accommodate multiple forms, the final regulations allow all ALEs to use a single combined form for reporting the information required under both section 6055 and section 6056.

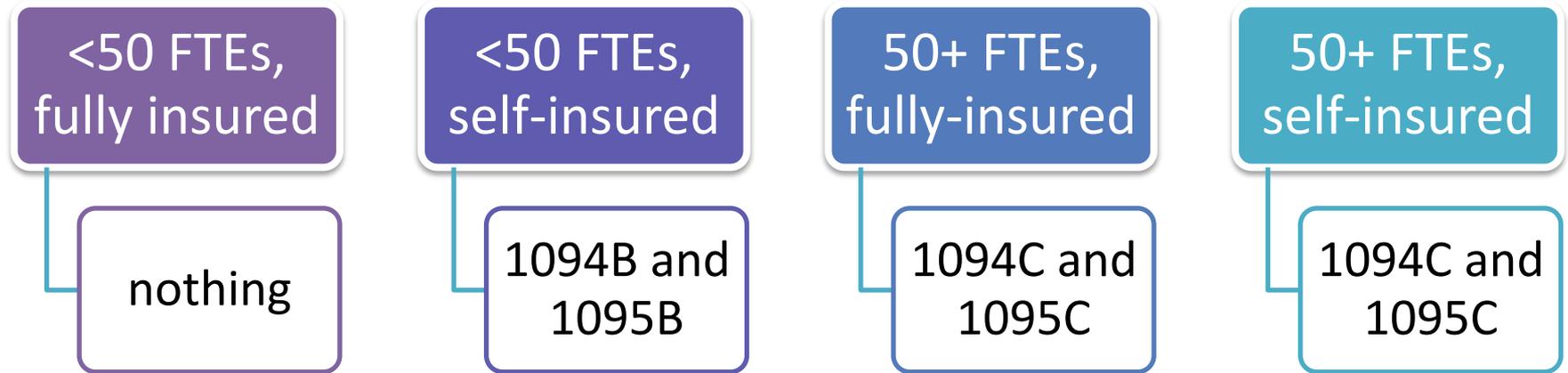
Employee Forms

Employers required to file section 6055 and 6056 information returns must also furnish to each full-time employee identified on the return a written statement (1095-C) including:

The employer's name, address and EIN; and

The information required to be shown on the section 6056 return with respect to the employee.

The Requirement



TAX FORMS

1094-C

1095-C

1094-C

Part 1: Basic Info. Any Questions About Part 1 of the 1094C?

Form **1094-C**

Department of the Treasury
Internal Revenue Service

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns



► Information about Form 1094-C and its separate instructions is at www.irs.gov/1094c.

Part 1 Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)		2 Employer identification number (EIN)	
3 Street address (including room or suite no.)			
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	
7 Name of person to contact		8 Contact telephone number	
9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)	
11 Street address (including room or suite no.)			
12 City or town	13 State or province	14 Country and ZIP or foreign postal code	
15 Name of person to contact		16 Contact telephone number	
17 Reserved			
18 Total number of Forms 1095-C submitted with this transmittal			

Part II ALE Member Information

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member

21 Is ALE Member a member of an Aggregated ALE Group? Yes No

If "No," do not complete Part IV.

22 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**

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form **1094-C** (2014)

Line 19. If this Form 1094-C transmittal is the Authoritative Transmittal that reports aggregate employer-level data for the employer, check the box on line 19 and complete the remainder of Part II and Parts III and IV, to the extent applicable. Otherwise, complete the signature portion of Form 1094-C and leave the remainder of the form (lines 20-22 of Part II, and all of Parts III and IV) blank.

There must be only one Authoritative Transmittal filed for each employer. If this is the only Form 1094-C being filed for the employer, this Form 1094-C must report aggregate employer-level data for the employer and be identified on line 19 as the Authoritative Transmittal. If multiple Forms 1094-C are being filed for an employer so that Forms 1095-C for all full-time employees of the employer are not attached to a single Form 1094-C transmittal (because Forms 1095-C for some full-time employees of the employer are being transmitted separately), one of the Forms 1094-C must report aggregate employer-level data for the employer and be identified on line 19 as the Authoritative Transmittal.

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member

21 Is ALE Member a member of an Aggregated ALE Group? Yes No

If "No," do not complete Part IV.

22 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**

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 61571A

Form **1094-C** (2014)

Lines 20–22 should be completed only on the Authoritative Transmittal for the employer. For more information, see *Authoritative Transmittal for Employees Filing Multiple Forms 1094-C*, earlier.

Line 20. Enter the total number of Forms 1095-C that will be filed by and/or on behalf of the employer. This includes all Forms 1095-C that are filed with this transmittal including those filed for any individuals who enrolled in the employer-sponsored self-insured plan, and for any Forms 1095-C filed with a separate transmittal filed by or on behalf of the employer.

Line 21. If during any month of the calendar year the employer was a member of an Aggregated ALE Group, check "Yes." If you check "Yes," also complete the "Aggregated Group Indicator" in Part III, column (d), and then complete Part IV to list the other members of the Aggregated ALE Group. If, for all 12 months of the calendar year, the employer was not a member of an Aggregated ALE Group, check "No," and do not complete Part III, column (d), or Part IV.

Line 22. 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, it must check each applicable box. See the description of the *Offer Methods* and *Section 4980H Transition Relief*, later.

Line 22: Certifications of Eligibility

A. Qualifying Offer Method.

Check this box if the employer is eligible to use and is using the Qualifying Offer Method to report the information on Form 1095-C for one or more full-time employees. To be eligible to use the Qualifying Offer Method, the employer must certify that it made a Qualifying Offer to one or more of its full-time employees for all months during the year in which the employee was a full-time employee for whom an employer shared responsibility payment could apply.

If the employer reports using this method, it must not complete on Form 1095-C, Part II, line 15, for any month for which a Qualifying Offer is made. Instead it must enter the Qualifying Offer code 1A on Form 1095-C, line 14, to indicate that the employee received a Qualifying Offer for all 12 months (in which case the employer must not, for any month, report the dollar amount on line 15). An employer is not required to use the Qualifying Offer Method, even if it is eligible and instead may enter on line 14 the applicable offer code and on line 15 the dollar amount required as an employee contribution for the lowest-cost employee-only coverage providing minimum value for that month.



If the employer is eligible to use the Qualifying Offer Method, it may report on Form 1095-C by entering the Qualifying Offer code 1A on Form 1095-C, line 14, for any month for which it made a Qualifying Offer to an employee, even if the employee did not receive a Qualifying Offer for all 12 calendar months. However, if employee receives a Qualifying Offer for less than all 12 months, the employer must furnish a copy of Form 1095-C to the employee unless the Qualifying Offer Method Transition Relief described later applies for 2015.

Line 22: Certifications of Eligibility

Alternative Method of Furnishing Form 1095-C to Employees under the Qualifying Offer Method.

An employer that is eligible to use the Qualifying Offer Method meets the requirement to furnish the Form 1095-C to its full-time employees who received a Qualifying Offer for all 12 months of the calendar year, and who did not enroll in coverage that is self-insured coverage, if it furnishes each of those full-time employees either a copy of Form 1095-C as filed with the IRS or a statement containing the following information:

- Employer name, address, and EIN.
- Contact name and telephone number at which the employee may receive information about the offer of coverage and the information on the Form 1095-C filed with the IRS for that employee.
- A statement indicating that, for all 12 months of the calendar year, the employee and his or her spouse and dependents, if any, received a Qualifying Offer and therefore are not eligible for a premium tax credit.
- A statement directing the employee to see Pub. 974, Premium Tax Credit (PTC), for more information on eligibility for the premium tax credit.

For a full-time employee who received a Qualifying Offer and enrolled in self-insured coverage, the employer must furnish the information reporting enrollment in the coverage on Form 1095-C, Part III. The employer **may not** use the alternative method of furnishing Form 1095-C under the Qualifying Offer Method for that employee. The employer may provide the information to the employee by furnishing a copy of Form 1095-C as filed with the IRS (with or without the statement described above).

Line 22: Certifications of Eligibility

B. 2015 Qualifying Offer Method Transition Relief.

Check this box if the employer is eligible for and is using the Qualifying Offer Method Transition Relief for the 2015 calendar year to report information on Form 1095-C for one or more full-time employees. To be eligible to use the Qualifying Offer Method Transition Relief the employer must certify that it made a Qualifying Offer for one or more months of calendar year 2015 to at least 95% of its full-time employees. For this purpose, an employee in a Limited Non-Assessment Period is not included in the 95% calculation.

If an employer reports using this method, it must not complete Form 1095-C, Part II, line 15, for any month for which a Qualifying Offer is made or for which Qualifying Offer Method Transition Relief applies. An employer that reports using this method must enter on Form 1095-C, line 14, either the Qualifying Offer code 1A for any months for which the employee received a Qualifying Offer, or the Qualifying Offer Method Transition Relief code 1I for any months for which the employee did not receive a Qualifying Offer. An employer is not required to use this method, even if it is eligible and the employer may report on line 14 the applicable offer code and on line 15 the dollar amount required as an employee contribution for the lowest-cost employee-only coverage providing minimum value for that month. An employer may not, for any month, use code 1A or code 1I and also report the dollar amount on line 15.

Line 22: Certifications of Eligibility

Alternative Method of Furnishing Form 1095-C to Employees under the Qualifying Offer Method Transition Relief for 2015.

Solely for 2015, for any employee of an employer eligible for the Qualifying Offer Method Transition Relief who does not receive a Qualifying Offer for all 12 calendar months, including employees who receive no offer, the employer may, in lieu of providing the employee with a copy of Form 1095-C, furnish a statement containing the following information.

- Employer name, address, and EIN.
- Contact name and telephone number at which the employee may receive information about the offer of coverage (if any) and the information on the Form 1095-C filed with the IRS for that employee.
- A statement indicating that the employee and his or her spouse and dependents, if any, may be eligible for a premium tax credit for one or more months of 2015.
- A statement directing the employee to see Pub. 974 for more information on eligibility for the premium tax credit.

An employer that is eligible for the Qualifying Offer Method Transition Relief for any employee who receives a Qualifying Offer for all 12 months of the calendar year may, in lieu of furnishing the employee a copy of Form 1095-C, furnish a statement as described in *Alternative Method of Furnishing to Employees Under the Qualifying Offer Method*, earlier.

Whether or not an employee received a Qualifying Offer, for an employee who enrolled in self-insured coverage the employer must furnish the information reporting enrollment in the coverage on Form 1095-C, Part III. The employer may not use the alternative method of furnishing Form 1095-C under the Qualifying Offer Method or the Qualifying Offer Method Transition Relief for that employee. Rather, the employer may provide the information to the employee by furnishing a copy of Form 1095-C as filed with the IRS (with or without the statement described above).

Line 22: Certifications of Eligibility

C. Section 4980H Transition Relief.

Check this box if the employer is eligible for section 4980H Transition Relief under either:

1. 2015 Section 4980H Transition Relief for ALEs with Fewer Than 100 Full-Time Employees, Including Full-Time Equivalent Employees (50-99 Transition Relief), or
2. 2015 Transition Relief for Calculation of Assessable Payments Under Section 4980H(a) for ALEs with 100 or More Full-Time Employees, Including Full-Time Equivalent Employees (100 or More Transition Relief) apply.

For a description of the relief, including which employers are eligible for the relief, see *Section 4980H Transition Relief for 2015*, later. If an employer checks this box, it must also complete Form 1094-C, Part III, column (e), Section 4980H Transition Relief Indicator, to indicate the type of section 4980H transition relief for which it is eligible.

Line 22: Certifications of Eligibility

D. 98% Offer Method.

Check this box if the employer is eligible for and is using the 98% Offer Method. To be eligible to use the 98% Offer Method, an employer must certify that it offered, for all months of the calendar year, affordable health coverage providing minimum value to at least 98% of its employees for whom it is filing a Form 1095-C employee statement, and offered minimum essential coverage to those employees' dependents. The employer is not required to identify which of the employees for whom it is filing were full-time employees, but the employer is still required to file Forms 1095-C on behalf of all of its full-time employees. (For this purpose, the health coverage is affordable if the employer meets one of the section 4980H affordability safe harbors.)

Note.

If an employer uses this method, it is not required to complete the "Full-Time Employee Count" in Part III, column (b).

Part III ALE Member Information – Monthly

	(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 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24 Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25 Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26 Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27 Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

- a) **Minimum Essential Coverage Offer:** was group coverage offered to at least 95% of full-timers?
- b) **Full-Time Employee Count for ALE Member:** Full-timers not in limited non-assessment period
- c) **Total Employee Count:** employees (full- and part-time), counting each worker as one
- d) **Aggregate Group Indicator:** Months employer was part of an aggregated group (under common ownership)
- e) **Section 4980H Transition Relief Indicator:** Employer eligible for 50-99 relief or 100+ relief

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

	Name	EIN		Name	EIN
36			51		
37			52		
38			53		
39			54		
40			55		
41			56		

This section is mentioned in question 21 and does not need to be completed unless the employer is under common ownership with other companies. If so, list the names and EINs of the sister companies.

21 Is ALE Member a member of an Aggregated ALE Group? Yes No

If "No," do not complete Part IV.

1095-C

Part 1: Basic Info. Any Questions About Part 1 of the 1095C?

Form **1095-C**
 Department of the Treasury
 Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

► Information about Form 1095-C and its separate instructions is at www.irs.gov/ff1095c.

CORRECTED

OMB No. 1545-2251

2014

Part I Employee			Applicable Large Employer Member (Employer)			
1 Name of employee	2 Social security number (SSN)		7 Name of employer	8 Employer identification number (EIN)		
3 Street address (including apartment no.)			9 Street address (including room or suite no.)		10 Contact telephone number	
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code	

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Part II. Employer Offer and Coverage, Lines 14–16

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. This information relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee contribution for self-only coverage equal to or less than \$1,108.65 (9.5% of the 48 contiguous states single federal poverty line) and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year.

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 offered to your dependent(s) but NOT your spouse.

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

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

1F. 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).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Your employer claimed "Qualifying Offer Transition Relief" for 2015 and for at least one month of the year you (and your spouse or dependent(s)) did not receive a Qualifying Offer. Note that your employer has also provided a contact number at which you may request further information about the health coverage, if any, you were offered (see line 10).

Part II—Employee Offer and Coverage

Line 14. For each calendar month, enter the applicable code from Code Series 1. If the same code applies for all 12 calendar months, enter the applicable code in the “All 12 Months” box and do not complete the individual calendar month boxes, or complete all of the individual calendar month boxes.

An employer offers health coverage for a month only if it offers health coverage that would provide coverage for every day of that calendar month. However, under the employer shared responsibility provisions under section 4980H, if an employee terminates employment before the last day of a calendar month and the health coverage offer ends on the date of termination, the employer is treated as having offered the employee health coverage for the month only if the employee would have been offered health coverage for the entire month had the employee been employed for the entire month.

A code must be entered for each calendar month January through December, even if the employee was not a full-time employee for one or more of the calendar months. Enter the code identifying the type of health coverage actually offered by the employer (or on behalf of the employer) to the employee, if any. Do not enter a code for any other type of health coverage the employer is treated as having offered (but the employee was not actually offered). For example, do not enter a code for health coverage the employer is treated as having offered (but did not actually offer) under the dependent coverage transition relief, non-calendar year transition relief, or multiemployer arrangement interim guidance (if the employer is contributing on behalf of an employee but the employee is not eligible for coverage under the multiemployer plan), even if the employee is included in the count of full-time employees offered minimum essential coverage for purposes of Form 1094-C, Part III, column (a).

The information related to whether the full-time employee was offered coverage (generally meaning the employee was eligible for coverage under the plan) must be accurate to facilitate administration of the premium tax credit, including in the case of coverage offered by a plan such as a multiemployer plan or a plan sponsored by a staffing firm or similar entity for which the client employer pays an additional amount for enrolled employees. The alternative reporting methods may be applied to the offer of coverage to the extent the employer is otherwise eligible to use these methods. For example, if a multiemployer plan represents to a contributing employer that the full-time employee on behalf of whom the employer contributed was eligible for coverage that is a Qualifying Offer for all 12 months, the contributing employer may use the alternative reporting method related to such a Qualifying Offer. See the sections of these instructions related to the Qualifying Offer Method, including the 2015 Qualifying Offer Method Transition Relief.

Indicator Codes for Employee Offer and Coverage (Form 1095-C, Line 14)

Code Series 1, Offer of Coverage. The Code Series 1 indicator codes specify the type of coverage, if any, offered to an employee, the employee's spouse, and the employee's dependents. The term "dependent" has the specific meaning set forth in the *Definitions* section of these instructions. In addition, for this purpose an offer of coverage is treated as made to an employee's dependents only if the offer of coverage is made to an unlimited number of dependents regardless of the actual number of dependents, if any, an employee has during any particular calendar month.

If the type of coverage, if any, offered to an employee was the same for all 12 months in the calendar year, enter the Code Series 1 indicator code corresponding to the type of coverage offered in the "All 12 Months" box or in each of the 12 boxes for the calendar months.

- **1A.** Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with employee contribution for self-only coverage equal to or less than 9.5% mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s).



This code may be used to report for specific months for which a Qualifying Offer was made, even if the employee did not receive a Qualifying Offer for all 12 months of the calendar year. However, an employer may not use the Alternative Furnishing Method for an employee who did not receive a Qualifying Offer for all 12 calendar months (except in cases in which the employer is eligible for and reports using the Alternative Furnishing Method for 2015 Qualifying Offer Method Transition Relief as described in these instructions).

- **1B.** Minimum essential coverage providing minimum value offered to employee only.
- **1C.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).
- **1D.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)).
- **1E.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse.
- **1F.** Minimum essential coverage NOT providing minimum value offered to employee, or employee and spouse or dependent(s), or employee, spouse and dependents.
- **1G.** Offer of coverage to employee who was not a full-time employee for any month of the calendar year and who enrolled in self-insured coverage for one or more months of the calendar year.
- **1H.** No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage).
- **1I.** Qualifying Offer Transition Relief 2015: Employee (and spouse or dependents) received no offer of coverage, received an offer that is not a qualifying offer, or received a qualifying offer for less than 12 months.

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Line 15. This line reports the employee share of the lowest-cost monthly premium for self-only minimum essential coverage providing minimum value that your employer offered you. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, or 1E is entered on line 14. If you were offered coverage but not required to contribute any amount towards the premium, this line will report a “0.00” for the amount.

Line 15. Complete line 15 only if code 1B, 1C, 1D, or 1E 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 share of the lowest-cost monthly premium for self-only minimum essential coverage providing minimum value that is offered to the employee. Enter the amount including any cents. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter “0.00” (do not leave blank). If the employee share of the lowest-cost monthly premium amount was the same amount for all 12 calendar months, enter that monthly amount in each monthly box or enter that monthly amount in the “All 12 Months” box and do not complete the monthly boxes. If the employee share of the lowest-cost monthly amount was not the same for all 12 months, enter the amount in each calendar month for which the employee was offered minimum value coverage.



For line 15, enter the lowest-cost monthly premium for self-only minimum essential coverage providing minimum value that is offered to the employee. This amount may not be the amount the employee is paying for the coverage, for example, if the employee chose to enroll in more expensive coverage such as family coverage.

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Line 16. This line provides the IRS information to administer the employer shared responsibility provisions. None of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, see [IRS.gov](https://www.irs.gov).

Line 16. For each calendar month, enter the applicable code, if any, from Code Series 2. You may enter only one code from Code Series 2 per calendar month. The instructions below address which code to use for a month if more than one code from Series 2 could apply. If the same code applies for all 12 calendar months, enter the applicable code in each monthly box or enter the code in the “All 12 Months” box. If none of the codes apply for a calendar month, leave the line blank for that month.

Code Series 2—Section 4980H Safe Harbor Codes and Other Relief for Employers. An employer enters the applicable Code Series 2 indicator code, if any, on Line 16 to report for one or more months of the calendar year that one of the following situations applied to the employee: the employee was not employed or was not a full-time employee; the employee enrolled in the minimum essential coverage offered; the employee was in a Limited Non-Assessment Period with respect to section 4980H(b); non-calendar year transition relief applied to the employee; the employer met one of the section 4980H affordability safe harbors with respect to this employee, or the employer was eligible for multiemployer interim rule relief for this employee. In some circumstances more than one situation could apply to the same employee in the same month. For example, an employee could be enrolled in health coverage for a particular month during which he or she is not a full-time employee. However, only one code may be used for a particular calendar month. For any month in which an employee enrolled in minimum essential coverage, indicator code 2C reporting enrollment is used instead of any other indicator code that could also apply. For an employee who did not enroll in health coverage, there are some specific ordering rules for which code to use; see the descriptions of the codes.

- **2A.** Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the calendar month. Do not use code 2A for a month if the individual was an employee of the employer on any day of the calendar month. Do not use code 2A for the month during which an employee terminates employment with the employer.
- **2B.** Employee not a full-time employee. Enter code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month. Enter code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month). Also use this code for January 2015 if the employee was offered health coverage no later than the first day of the first payroll period that begins in January 2015 and the coverage offered was affordable for purposes of the employer shared responsibility provisions under section 4980H and provided minimum value.
- **2C.** Employee enrolled in coverage offered. Enter code 2C for any month in which the employee enrolled in health coverage offered by the employer for each day of the month, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor).
- **2D.** Employee in a section 4980H(b) Limited Non-Assessment Period. Enter code 2D for any month during which an employee is in a Limited Non-Assessment Period for section 4980H(b).

If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the employer is also eligible for the multiemployer interim rule relief for the month code 2E, enter code 2E (multiemployer interim rule relief) and not code 2D (employee in a Limited Non-Assessment Period).
- **2E.** Multiemployer interim rule relief. Enter code 2E for any month for which the multiemployer interim guidance applies for that employee. This relief is described under Offer of Health Coverage in the *Definitions* section of these instructions.
- **2F.** Section 4980H affordability Form W-2 safe harbor. Enter code 2F if the employer used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an employer uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.
- **2G.** Section 4980H affordability federal poverty line safe harbor. Enter code 2G if the employer used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).
- **2H.** Section 4980H affordability rate of pay safe harbor. Enter code 2H if the employer used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).

Note.

Codes 2F through 2H: Although employers may use the section 4980H affordability safe harbors to determine affordability for purposes of the multiemployer interim guidance, an employer eligible for the relief provided in the multiemployer interim guidance for a month for an employee should enter code 2E (multiemployer interim rule relief), and not a code for the section 4980H affordability safe harbors (codes 2F, 2G, or 2H).

- **2I.** Non-calendar year transition relief applies to this employee. Enter code 2I if non-calendar year transition relief for section 4980H(b) applies to this employee for the month. See the instructions later under *Section 4980H Transition Relief for 2015* and *2015 Section 4980H(b) Transition Relief for Employers with Non-Calendar Year Plans (Form 1095-C, line 16, code 2I)*, for a description of this relief.

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17			<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"/>
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"/>
19			<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"/>
20			<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"/>
21			<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"/>
22			<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"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form **1095-C** (2014)

Self-insured ALEs complete this section. Self-insured small groups (non-ALEs) or Insurance Carriers provide individuals with a 1095-B instead.

- List all covered individuals in the family. Additional 1095-C required if more than 6 family members are covered.
- Include DOB only if SSN is not available.
- Check which months the individuals had health insurance.

FREQUENTLY ASKED QUESTIONS

IRS FAQs (6056)

1. What are the information reporting requirements for employers relating to offers of health insurance coverage under employer-sponsored plans?

The Affordable Care Act added section 6056 to the Internal Revenue Code, which requires applicable large employers to file information returns with the IRS and provide statements to their full-time employees about the health insurance coverage the employer offered. (For a definition of applicable large employer, see question 5, below.)

Under the regulations implementing section 6056, an applicable large employer may be a single entity or may consist of a group of related entities (such as parent and subsidiary or other affiliated entities). In either case, these reporting requirements apply to each separate entity and each separate entity is referred to as an applicable large employer member (ALE member). See question 7 for more information about the treatment of related entities.

The IRS will use the information provided on the information return to administer the employer shared responsibility provisions of section 4980H. The IRS and the employees of an ALE member will use the information provided as part of the determination of whether an employee is eligible for the premium tax credit under section 36B.

ALE members that sponsor self-insured group health plans also are required to report information under section 6055 about the health coverage they provide (See our [section 6055 FAQs](#)). Those ALE members that sponsor self-insured group health plans file with the IRS and furnish to employees the information required under sections 6055 and 6056 on a single form. The IRS and individuals will use the information provided under section 6055 to administer or to show compliance with the individual shared responsibility provisions of section 5000A.

2. When do the information reporting requirements go into effect?

The information reporting requirements under section 6056 are first effective for coverage offered (or not offered) in 2015. An ALE member must file information returns with the IRS and furnish statements to employees beginning in 2016, to report information about its offers of health coverage to its full-time employees for calendar year 2015.

Notice 2013-45 provides transition relief for 2014 from the section 6056 reporting requirements and the section 6055 reporting requirements for health coverage providers and, thus, the section 4980H employer shared responsibility provisions as well. Accordingly, neither the reporting requirements nor the employer shared responsibility provisions apply for 2014. The transition relief applies to all ALE members including for-profit, non-profit, and government entity employers. However, in preparation for the application of the employer shared responsibility provisions beginning in 2015, employers and other affected entities may comply voluntarily for 2014 with the information reporting provisions and are encouraged to maintain or expand coverage in 2014. Returns filed voluntarily will have no impact on the tax liability of the employer. For more information about voluntary filing in 2015, including the requirements for filing electronic returns, see [IRS.gov](http://www.irs.gov).

3. Is relief available from penalties for incomplete or incorrect returns filed or statements furnished to employees in 2016 for coverage offered (or not offered) in calendar year 2015?

- Yes. In implementing new information reporting requirements, short-term relief from reporting penalties frequently is provided. This relief generally allows additional time to develop appropriate procedures for collection of data and compliance with the new reporting requirements.
- Accordingly, the IRS will not impose penalties under sections 6721 and 6722 on ALE members that can show that they have made good faith efforts to comply with the information reporting requirements. Specifically, relief is provided from penalties under sections 6721 and 6722 for returns and statements filed and furnished in 2016 to report offers of coverage in 2015 for incorrect or incomplete information reported on the return or statement.
- No relief is provided in the case of ALE members that cannot show a good faith effort to comply with the information reporting requirements or that fail to timely file an information return or furnish a statement. However, consistent with existing information reporting rules, ALE members that fail to timely meet the requirements still may be eligible for penalty relief if the IRS determines that the standards for reasonable cause under section 6724 are satisfied. See question 24 for more information about penalties under sections 6721 and 6722.

4. Where is more detailed information available about these reporting requirements?

- The [regulations under section 6056](#) provide further guidance on the information reporting requirements for applicable large employers, and the [regulations under section 6055](#) provide guidance on the information reporting requirements for insurers and other health coverage providers.
- [Regulations on the employer shared responsibility provisions under section 4980H](#) provide guidance on determining applicable large employer status and determining full-time employee status, including defining and providing rules for calculating hours of service.

5. Who is required to report under section 6056?

Applicable large employers that are subject to the employer shared responsibility provisions under section 4980H are required to report under section 6056.

- An applicable large employer is an employer that employed an average of at least 50 full-time employees on business days during the preceding calendar year.
- A full-time employee generally includes any employee who was employed on average at least 30 hours of service per week and any full-time equivalents (for example, 40 full-time employees employed 30 or more hours per week on average plus 20 employees employed 15 hours per week on average are equivalent to 50 full-time employees).
- For purposes of the reporting requirements under section 6056, an ALE member is any person that is an applicable large employer or a member of an aggregated group (determined under section 414(b), 414(c), 414(m) or 414(o)) that is determined to be an applicable large employer. See question 7 for information about aggregated groups.

6. Are nonprofit and government entities required to report under section 6056?

Yes. Section 6056 applies to all employers that are ALE members, regardless of whether the employer is a tax-exempt or government entity (including federal, state, local, and Indian tribal governments).

7. If two or more related companies together are an applicable large employer under section 4980H, how do they comply with the information reporting requirements?

For purposes of the information reporting requirements under section 6056, each ALE member must file an information return with the IRS and furnish a statement to its full-time employees, using its own EIN.

- All persons treated as a single employer under section 414(b), (c), (m), or (o) are treated as one employer for purposes of determining applicable large employer status under section 4980H.
- Under those rules, companies will be combined and treated as a single employer for purposes of determining whether or not the employer has at least 50 full-time employees (including full-time equivalents) and together will be an applicable large employer.
- Each of the companies that is combined is referred to as an ALE member.
- When the combined total of full-time employees (including full-time equivalents) meets the threshold, each separate company or ALE member is subject to the employer shared responsibility provisions even if a particular company or companies individually do not employ enough employees to meet the 50-full-time-employee threshold.
- For purposes of section 6056 reporting, government entities, churches, and a convention or association of churches should use the same interpretation of section 414(b), (c), (m) and (o) as that used for purposes of section 4980H in determining whether a person or group of persons is an applicable large employer and whether a particular entity is an ALE member.

8. Who is not required to report under section 6056?

- Employers that are not subject to the employer shared responsibility provisions of section 4980H are not required to report under section 6056.
- Thus, employers that employed fewer than 50 full-time employees (including full-time equivalents) during the prior year are not subject to the reporting requirements.
- (However, any employer that sponsors a self-insured health plan is required to report under section 6055, even if the employer has fewer than 50 full-time employees.)

9. Are different methods available to ALE members for reporting required information to the IRS and furnishing statements to employees?

Yes. The regulations provide a general method (see question 10, below) that all ALE members may use for reporting to the IRS and for furnishing statements to full-time employees, and also provide alternative reporting methods (see question 11, below) for eligible ALE members.

If an ALE member cannot use the alternative reporting methods for certain employees, the ALE member must use the general method for those employees.

In any case, the alternative reporting methods are optional so that an employer may choose to report for all of its full-time employees using the general method even if an alternative reporting method is available.

In an effort to simplify the section 6056 reporting process, certain information required to be reported to the IRS and furnished to full-time employees may be reported through the use of indicator codes rather than by providing more detailed information.

For further details about the section 6056 reporting process, see the reporting forms and instructions.

10. What is the general method of reporting?

- The regulations provide that, as a general method, each ALE member may satisfy the requirement to file a section 6056 return by filing a Form 1094-C (transmittal) and, for each full-time employee, a Form 1095-C (employee statement), or other forms the IRS may designate. An ALE member that maintains a self-insured plan also uses a Form 1095-C to satisfy the reporting requirements under section 6055. The Form 1095-C will have separate sections to allow ALE members that sponsor self-insured group health plans to combine reporting to satisfy both the section 6055 reporting requirements and the section 6056 reporting requirements, as applicable, on a single return. See question 16 for more information about combined reporting on a single return.
- For example, an ALE member that sponsors a self-insured plan will complete the transmittal Form 1094-C and both sections of Form 1095-C to report information under section 6055 about health coverage provided and information under section 6056 about offers of health coverage. An ALE member that sponsors an insured plan will complete the transmittal Form 1094-C and the section of Form 1095-C addressing the information under section 6056.
- Non-ALE members (meaning employers not subject to the employer shared responsibility provisions under section 4980H and therefore not subject to the information reporting requirements under section 6056) that sponsor self-insured plans will file Forms 1094-B and 1095-B to satisfy the reporting requirements under section 6055.
- Under the general method, the section 6056 return (and, if the employer maintains a self-insured plan, the section 6055 return) also may be made by filing a substitute form but the substitute form must include all of the information required on Forms 1094-C and 1095-C or any other forms the IRS designates and satisfy all form and content requirements as specified by the IRS.
- Drafts of the forms, including Forms 1094-B, 1095-B, 1094-C, and 1095-C, are available at irs.gov/draftforms, and final versions of the forms will be made available in accordance with usual procedures.

11. What are the alternative methods of reporting?

- The regulations contain two alternative methods of reporting under section 6056 that were developed to minimize the cost and administrative tasks for employers, consistent with the statutory requirements to file an information return with the IRS and furnish an employee statement to each full-time employee. The alternative reporting methods, in certain situations, may permit employers to provide less detailed information than under the general method for reporting. These simplified alternative reporting methods and the conditions for using them are described in detail in Subsections A through D of the preamble to the section 6056 regulations. The alternative reporting methods are:
 - Reporting Based on Certification of Qualifying Offers
 - Option to Report Without Separate Identification of Full-Time Employees if Certain Conditions Related to Offers of Coverage Are Satisfied (98 Percent Offers)
- The information provided to the IRS and the employee pursuant to section 6056 is important for administering section 4980H and the premium tax credit. However, in some circumstances, only some of the information required under the general method is necessary. Accordingly, the alternative reporting methods identify specific groups of employees for whom simplified alternative reporting would provide sufficient information.

12. For the methods of reporting, including reporting facilitated by a third party, may an ALE member file more than one Form 1094-C?

- Yes. A separate section 6056 transmittal (Form 1094-C) must be filed with any Forms 1095-C filed by each ALE member.
- If more than one section 6056 transmittal is being filed for an ALE member, one of those transmittals must be a section 6056 authoritative transmittal reporting aggregate employer-level data for all full-time employees of the ALE member, in accordance with forms and instructions.

13. May an ALE member satisfy its reporting requirements for an employee by filing and furnishing more than one employee statement that together provide the necessary information?

- No. There must be only one section 6056 employee statement (Form 1095-C) for each full-time employee with respect to that full-time employee's employment with the ALE member, so that all information for a particular full-time employee of the ALE member is reflected on a single Form 1095-C.
- Further details will be provided in forms and instructions.

14. What information must an ALE member report to the IRS to satisfy section 6056?

- The regulations provide, under the general method of reporting, that an ALE member must file a separate Form 1095-C (or other form the IRS designates, or a substitute form) for each of its full-time employees, and a transmittal on Form 1094-C (or any other form the IRS designates, or a substitute form) for all of the returns filed for a given calendar year.
- A more complete discussion of the information that must be reported to the IRS (including simplified methods of reporting) can be found in the final section 6056 regulations at Sections IX.B and C.

15. What information must an ALE member furnish to its full-time employees to satisfy section 6056?

- The regulations provide that under the general method, an ALE member generally must furnish to each full-time employee a written statement showing:
 - The name, address, and EIN of the ALE member
 - The information required to be shown on the section 6056 return with respect to the full-time employee (and his or her spouse and dependents)
- Employers are not required to include with the employee statement a copy of the transmittal form (Form 1094-C) that is filed with the IRS.
- Under the general method, the required written statement furnished to full-time employees may be either a copy of the Form 1095-C or another form the IRS designates or a substitute form. A substitute form must include the information on the return required to be filed with the IRS and comply with requirements for substitute forms.

16. May an employer combine reporting under sections 6055 and 6056?

- The regulations under sections 6055 and 6056 provide for combined reporting for employers that are subject to both reporting provisions (generally ALE members that sponsor self-insured group health plans).
- To allow these employers to satisfy both the section 6055 and 6056 reporting requirements on a single return form 1095-C will have separate sections for reporting under section 6055 and for reporting under section 6056.

17. When must an ALE member file the required information return with the IRS?

- ALE members must file the return for each employee (Form 1095-C or another form that IRS designates, or a substitute form) and a transmittal form (Form 1094-C or another form that IRS designates, or a substitute form) with the IRS on or before February 28 (March 31 if filed electronically) of the year immediately following the calendar year for which the offer of coverage information is reported.
- Because transition relief applies for section 6056 reporting for 2014 (see Notice 2013-45), the first section 6056 returns required to be filed are for the 2015 calendar year and must be filed no later than February 29, 2016, or March 31, 2016, if filed electronically.
- Regulations under section 6081 address extensions of time to file information returns.

18. When must an ALE member furnish the statements to full-time employees?

ALE members must furnish the statement to each full-time employee on or before January 31 of the year immediately following the calendar year to which the information relates.

This means that the first section 6056 employee statements (the statements for 2015) must be furnished to employees no later than February 1, 2016 (January 31, 2016, being a Sunday).

19. Must an ALE member file the return with the IRS electronically?

- The regulations require electronic filing with the IRS of section 6056 information returns except for an ALE member filing fewer than 250 section 6056 returns (employee statements) during the calendar year.
- Each section 6056 return for each full-time employee is counted as a separate return, and only section 6056 returns are counted in applying the 250-return threshold for section 6056 reporting.

20. Must an ALE member furnish the employee statements to full-time employees electronically?

- The regulations permit, but do not require, employers to furnish electronically the section 6056 employee statements to full-time employees if notice, consent, and hardware and software requirements modeled after existing rules are met.
- The regulations require that with respect to each full-time employee to whom the information is furnished, the ALE member must obtain consent from the employee before the section 6056 employee statement may be furnished electronically.

21. Are ALE members required to report information with respect to a full-time employee who is not offered coverage during the year?

- Yes. An ALE member is required to report information about the health coverage, if any, offered to its full-time employees, including whether an offer of health coverage was (or was not) made.
- This requirement applies to all ALE members, regardless of whether they offered health coverage to all, none, or some of their full-time employees.
- For each of its full-time employees, whether health coverage was or was not offered to the employee, the ALE member is required to file a return with the IRS and furnish a statement to the employee reporting on whether an offer of health coverage was or was not made to the employee, and, if an offer was made, reporting the required information about the offer.
- Therefore, even if an ALE member does not offer coverage to any of its full-time employees, it must file returns with the IRS and furnish statements to each of its full-time employees to report information specifying that coverage was not offered.

22. May an employer that is a governmental unit designate a third party to file the return and furnish the statements under section 6056 on its behalf?

- Yes. The regulations provide that an ALE member that is a governmental unit (defined as the government of the United States, any State or political subdivision thereof, or any Indian tribal government (as defined in section 7701(a)(40)) or subdivision of an Indian tribal government (as defined in section 7871(d)), may report under section 6056 on its own behalf or may appropriately designate another person or persons to report on its behalf. A person may be appropriately designated to file the return and furnish the statements under section 6056 on behalf of the ALE member if the person is part of or related to the same governmental unit as the ALE member.
- A separate section 6056 return must be filed for each ALE member for which the appropriately designated person is reporting. The designated entity would provide the name, address and EIN of both the designated entity and the ALE member for which it is reporting. Additionally, the regulations require that there be a single identified section 6056 transmittal (Form 1094-C) reporting aggregate employer-level data for all full-time employees of the ALE member (including full-time employees of the ALE member the reporting for which has been transferred to a designated person), and that there be only one section 6056 employee statement (Form 1095-C) for each full-time employee of the ALE member with respect to employment with that ALE member. Further details will be provided in forms and instructions.
- The designated person must agree that it is the appropriately designated person for the governmental unit and that it is responsible for reporting under section 6056 on behalf of the ALE member. Thus, the appropriately designated person must agree that it is responsible for the information reporting under section 6056 and is subject to the information reporting penalty provisions of sections 6721 and 6722. However, the ALE member remains subject to section 4980H.

23. May an employer hire a third party administrator or other third party service provider to file the return with the IRS and furnish the statements to employees required under section 6056?

- Yes. Reporting arrangements between ALE members, issuers, and other parties are not prohibited. However, entering into a reporting arrangement does not transfer the ALE member's potential liability under section 4980H and (except in the case of a related entity properly designated by a governmental unit) does not transfer the potential liability for failure of the ALE member to file returns and furnish statements under section 6056. If a person who prepares returns or statements required under section 6056 is a tax return preparer, that person will be subject to the requirements generally applicable to tax return preparers.
- ALE members are responsible for reporting under section 6056. Generally, each ALE member must file separate section 6056 returns providing that ALE member's EIN. If more than one third party is facilitating reporting for an ALE member, there must be only one section 6056 authoritative transmittal (Form 1094-C) reporting aggregate employer-level data for all full-time employees of the ALE member. Additionally, there must be only one section 6056 employee statement (Form 1095-C) for each full-time employee with respect to employment with that ALE member. Further details will be provided in forms and instructions.

24. May an administrator of a multiemployer plan prepare the return and furnish the statements under section 6056 for an ALE member that is a participating employer under the multiemployer plan?

- Yes. Section 6056 reporting regarding full-time employees on behalf of whom an ALE member contributed to a multiemployer plan is permitted under an approach whereby the multiemployer plan administrator would prepare returns pertaining to the ALE member's full-time employees covered by the collective bargaining agreement who are eligible to participate in the multiemployer plan. The ALE member would prepare returns pertaining to any of its full-time employees who are not eligible to participate in a multiemployer plan. Under this approach, the administrator of the multiemployer plan would facilitate the filing of a separate section 6056 return for each ALE member that is a contributing employer on behalf of whom it files. The administrator of the multiemployer plan also may assist the ALE member in furnishing statements to its full-time employees who are eligible to participate in the multiemployer plan.
- The regulations also require that there be a single identified section 6056 authoritative transmittal (Form 1094-C) reporting aggregate employer-level data for all full-time employees of the ALE member (including full-time employees of the ALE member the reporting for which was done by a multiemployer plan administrator), and that there be only one section 6056 employee statement (Form 1095-C) for each full-time employee with respect to employment with that ALE member. Further details will be provided in forms and instructions.
- The ALE member remains the responsible person for reporting under section 6056 regarding all of its full-time employees and thus, is subject to any potential liability for failure to file returns and furnish statements under section 6056. If the multiemployer plan administrator that prepares the returns and statements required under section 6056 is a tax return preparer, it is subject to the requirements generally applicable to tax return preparers.

25. For information returns filed and furnished in 2017 for coverage offered (or not offered) in 2016 and later years, what penalties may apply if an ALE member fails to comply with the section 6056 information reporting requirements?

- The penalty under section 6721 may apply to an ALE member that fails to file timely information returns, fails to include all the required information, or includes incorrect information on the return.
- The penalty under section 6722 may apply to an ALE member that fails to furnish timely the statement, fails to include all the required information, or includes incorrect information on the statement.
- The waiver of penalty and special rules under section 6724 and the applicable regulations, including abatement of information return penalties for reasonable cause, may apply to certain failures under section 6721 or 6722. See question 2, above, for more details on when the information reporting is first required (in 2016 for coverage offered in 2015) and on voluntarily complying with those requirements in 2015 for coverage offered in 2014.
- See question 3, above, for information on relief that applies with respect to these penalties for reporting and furnishing in 2016 for coverage offered in 2015.

IRS FAQs (6055)

1. What are the information reporting requirements for providers of health coverage?

- The Affordable Care Act added section 6055 to the Internal Revenue Code, which provides that every provider of minimum essential coverage will report coverage information by filing an information return with the IRS and furnishing a statement to individuals.
- The information is used by the IRS to administer and individuals to show compliance with the individual shared responsibility provision in section 5000A.

2. When do the information reporting requirements go into effect?

The information reporting requirements are first effective for coverage provided in 2015. Thus, health coverage providers will file information returns with the IRS in 2016, and will furnish statements to individuals in 2016, to report coverage information in calendar year 2015.

[Notice 2013-45](#) provides transition relief for 2014 from the section 6055 reporting requirements for health coverage providers. Accordingly, the reporting requirements do not apply for 2014.

However, coverage providers are encouraged to provide information returns for coverage provided in 2014, which are due to be filed and furnished in early 2015. Returns filed voluntarily will have no impact on the tax liability of the health coverage provider or the individuals affected.

3. Is relief available from penalties for incomplete or incorrect returns filed or statements furnished to employees in 2016 for coverage provided in calendar year 2015?

- Yes. In implementing new information reporting requirements, short-term relief from reporting penalties frequently is provided.
- This relief generally allows additional time to develop appropriate procedures for collection of data and compliance with the new reporting requirements. Accordingly, the IRS will not impose penalties under sections 6721 and 6722 for 2015 returns and statements filed and furnished in 2016 on reporting entities that can show that they have made good faith efforts to comply with the information reporting requirements.
- Specifically, relief is provided from penalties under sections 6721 and 6722 for returns and statements filed and furnished in 2016 to report coverage in 2015 for incorrect or incomplete information reported on the return or statement.
- No relief is provided in the case of reporting entities that cannot show a good faith effort to comply with the information reporting requirements or that fail to timely file an information return or furnish a statement.
- However, consistent with the existing information reporting rules, reporting entities that fail to timely meet the requirements still may be eligible for penalty relief if the IRS determines that the standards for reasonable cause under section 6724 are satisfied. See question 29, below, for more information about penalties under sections 6721 and 6722.

4. Where can I find more information about the information reporting requirements for health coverage providers?

- The regulations under section 6055 provide further guidance on the information reporting requirements for health coverage providers.
- Employers that are health coverage providers (for example, employers with self-insured health plans) may also be interested in reviewing regulations under section 6056 and our questions and answers regarding information reporting requirements for certain large employers.

5. Who must report under section 6055?

Any person that provides minimum essential coverage to an individual must report to the IRS and furnish statements to individuals, including the following:

- Health insurance issuers, or carriers, for insured coverage (but see questions 13 and 14 regarding certain limited exceptions),
- Plan sponsors of self-insured group health plan coverage, and
- The executive department or agency of a governmental unit that provides coverage under a government-sponsored program.

6. What is minimum essential coverage?

Minimum essential coverage includes the following:

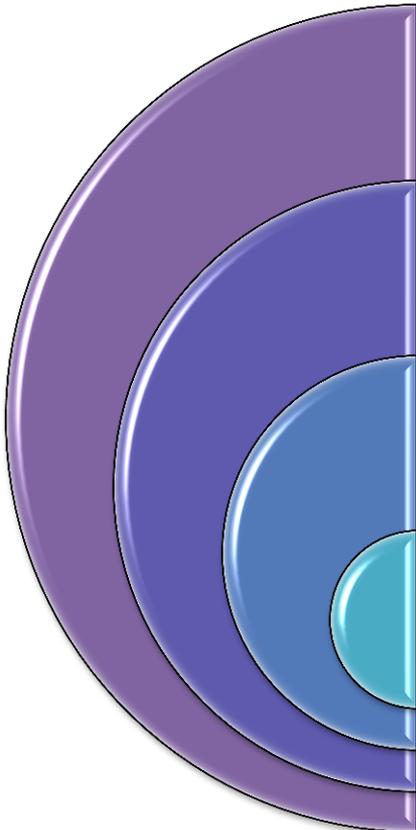
- Eligible employer-sponsored coverage, including self-insured plans, COBRA coverage and retiree coverage
- Coverage purchased in the individual market, including a qualified health plan offered by the Health Insurance Marketplace
- Medicare Part A coverage and Medicare Advantage plans
- Most Medicaid coverage
- Children's Health Insurance Program (CHIP) coverage
- Certain types of veterans health coverage administered by the Veterans Administration
- Most types of TRICARE coverage under chapter 55 of title 10 of the United States Code
- Coverage provided to Peace Corps volunteers
- Coverage under the Nonappropriated Fund Health Benefit Program
- Refugee Medical Assistance supported by the Administration for Children and Families
- Self-funded health coverage offered to students by universities for plan or policy years that begin on or before Dec. 31, 2014 (for later plan or policy years, sponsors of these programs may apply to HHS to be recognized as minimum essential coverage)
- State high risk pools for plan or policy years that begin on or before Dec. 31, 2014 (for later plan or policy years, sponsors of these program may apply to HHS to be recognized as minimum essential coverage)
- Other coverage recognized by the Secretary of HHS as minimum essential coverage

More information about minimum essential coverage is provided in [section 5000A\(f\)](#), in [regulations under section 5000A](#), and in our [section 5000A questions and answers](#).

7. What is eligible employer-sponsored coverage?

- Eligible employer-sponsored coverage is:
 - A self-insured group health plan under which coverage is offered by or on behalf of an employer to an employee, or
 - Group health insurance coverage offered by or on behalf of an employer to an employee that is –
 - a governmental plan,
 - a plan or coverage offered in the small or large group market within a state, or
 - a grandfathered health plan offered in a group market.
- Eligible employer-sponsored coverage includes COBRA coverage and retiree coverage

8. Is an employer required to report under section 6055 if it sponsors a health plan that provides coverage by purchasing insurance from a health insurance issuer?



<p>No. An employer that sponsors an insured health plan (a health plan that provides coverage by purchasing insurance from a health insurance issuer) will not report as a provider of health coverage under section 6055.</p>
<p>The health insurance issuer or carrier is responsible for reporting that health coverage.</p>
<p>However, if the employer is subject to the employer shared responsibility provisions in section 4980H, it is responsible for reporting information under section 6056 about the coverage it offers to its full-time employees.</p>
<p>For further information about the employer shared responsibility provisions under section 4980H and the reporting requirements under section 6056, see the section 4980H regulations and our section 4980H questions and answers and the section 6056 questions and answers.</p>

9. For self-insured group health plan coverage, who is the plan sponsor that must to report under section 6055?

For a self-insured group health plan maintained by a single employer, the plan sponsor is the employer. For a plan maintained by more than one employer that is not a multiemployer plan (as defined in ERISA) the plan sponsor is each participating employer. For purposes of identifying the employer, the section 414 employer aggregation rules do not apply. See question 10 for more information about self-insured plans maintained by more than one employer.

For a plan that is a multiemployer plan (as defined in ERISA), the plan sponsor is the association, committee, joint board of trustees, or other similar group of representatives of the parties who establish or maintain the plan.

For a plan maintained solely by an employee organization, the plan sponsor is the employee organization.

For any plan for which a plan sponsor is not identified above, the plan sponsor is the person designated by plan terms or, if no person is designated, each entity that maintains the plan.

10. How do the reporting requirements under section 6055 apply to reporting entities that are part of a controlled group?

- Plan sponsors in a controlled group that is not an applicable large employer under section 4980H, and providers (such as issuers) that are not reporting as employers, may report under section 6055 as separate entities, or may have one entity report for the controlled group.
- See our [section 6056 FAQs](#) for additional information on reporting by applicable large employers that are providers of self-insured group health plan coverage.

11. Must a government employer report under section 6055 if it maintains a self-insured health plan?

Yes. However, unless prohibited by other law, a government employer that maintains a self-insured group health plan may designate a related governmental unit, or an agency or instrumentality of a governmental unit, as the person to file the returns and furnish the statements for some or all individuals covered under that plan.

12. For a government-sponsored program, who must report under section 6055?

- For Medicaid and CHIP coverage, the state agency that administers the program must report. For Medicare, TRICARE, benefits administered by the Department of Veterans Affairs, and benefits for Peace Corps volunteers, the executive department or agency of the governmental unit that provides the coverage must report.
- For health insurance coverage under a government-sponsored program (such as Medicaid, CHIP, or Medicare) obtained through an issuer, the executive department or agency of the governmental unit that provides the coverage and not the issuer must report.
- For the Nonappropriated Fund Health Benefits Program, the Secretary of Defense may designate the Department of Defense components that must report.

13. Should a health insurance issuer report under section 6055 for coverage in a qualified health plan in the individual market enrolled in through a Marketplace?

- No. An issuer should not report on coverage under a qualified health plan in the individual market enrolled in through a Marketplace.
- The Marketplaces will separately report information on enrollments in a qualified health plan to the IRS and individuals under section 36B(f)(3).
- Issuers must report, however, on qualified health plans in the small group market enrolled in through the Small Business Health Options Program (SHOP).

14. Must a health coverage provider report under section 6055 for arrangements that provide benefits in addition or as a supplement to an arrangement that is minimum essential coverage?

- If the additional or supplemental benefits are not minimum essential coverage (for example, if they are excepted benefits like coverage at an on-site medical clinic), no reporting is required for the additional or supplemental benefits.
- In addition, no reporting is required under section 6055 for additional or supplemental benefits that are minimum essential coverage if the primary and supplemental coverages have the same plan sponsor or the coverage supplements government-sponsored coverage such as Medicare.

15. Must a health coverage provider report under section 6055 if some or all of its covered individuals may be exempt from the individual shared responsibility provision?

- Yes. A health coverage provider may not have the information necessary to determine whether an individual is exempt from the shared responsibility provision.
- To ensure complete and accurate reporting, providers must report under section 6055 for all their covered individuals.

16. What information must a health coverage provider report to the IRS?

The information that a provider must report to the IRS includes the following:

- The name, address, and employer identification number (EIN) of the provider;
- The responsible individual's name, address, and TIN, or date of birth if a TIN is not available. If the responsible individual is not enrolled in the coverage, providers may, but are not required to, report the TIN of the responsible individual (See question 23 for more information on who is a responsible individual);
- The name and TIN, or date of birth if a TIN is not available, of each individual covered under the policy or program and the months for which the individual was enrolled in coverage and entitled to receive benefits; and
- For coverage provided by a health insurance issuer through a group health plan, the name, address, and EIN of the employer sponsoring the plan and whether the coverage is a qualified health plan enrolled in through the SHOP and (except for 2014 coverage reported in 2015) the SHOP's identifier.

17. Will a health coverage provider collect TINs from individuals, including dependents, covered under its plan or policy?

- Yes. Reporting of TINs for all covered individuals is necessary for the IRS to verify an individual's coverage without the need to contact the individual.
- If health coverage providers are unable to obtain a TIN after making a reasonable effort to do so, the covered individual's date of birth may be reported in lieu of a TIN. See question 18, below, for additional information on what is a reasonable effort to obtain a TIN.

18. If a health coverage provider does not furnish a TIN, will it be subject to penalties?

- A health coverage provider will not be subject to a penalty if it demonstrates that it properly solicits the TIN but does not receive it.
- Under these rules, the reporting entity must make an initial solicitation at the time the relationship with the payee is established. (However, the reporting entity is not required to make this initial solicitation if it already has the payee's TIN and uses that TIN for all relationships with the payee.)
- If the reporting entity does not receive the TIN, the first annual solicitation is generally required by December 31 of the year in which the relationship with the payee begins (January 31 of the following year if the relationship begins in December).
- Generally, if the TIN is still not provided, a second solicitation is required by December 31 of the following year. If a TIN is still not provided, the reporting entity need not continue to solicit a TIN.

19. What information must a health coverage provider furnish to individuals?

In addition to the information it reported to the IRS for each covered individual listed on the information return, a health coverage provider must include a phone number for the provider's designated contact person (if any) that the recipient of the statement can contact with questions about information on the statement.

20. When must a health coverage provider file the information return with the IRS?

A health coverage provider must file the information return and transmittal form with the IRS on or before February 28 (March 31 if filed electronically) of the year following the calendar year in which it provided minimum essential coverage to an individual.

Because Notice 2013-45 provides transition relief for section 6055 reporting for 2014, the first section 6055 returns required to be filed are for the 2015 calendar year and must be filed no later than February 29, 2016, or March 31, 2016, if filed electronically.

Regulations under section 6081 address extensions of time to file information returns.

21. What type of return must a health coverage provider file with the IRS?

Generally, a health coverage provider must file Form 1094-B and Form 1095-B (or other form that IRS designates, or a substitute form).

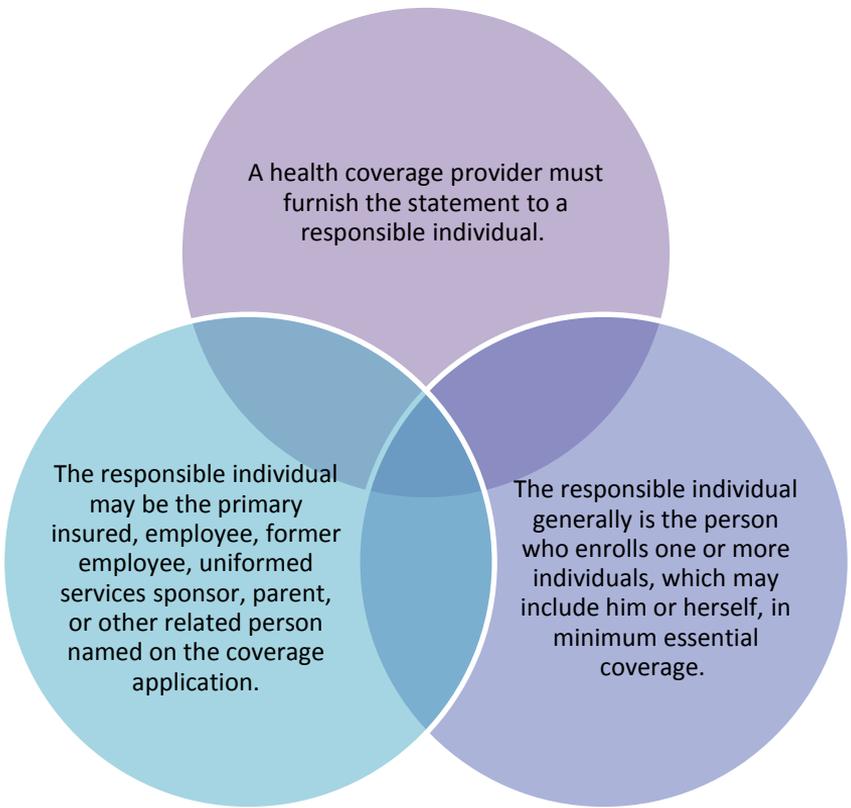
However, if the provider is also an applicable large employer member as defined in the employer shared responsibility provisions under section 4980H and provides coverage to its employees through a self-insured group health plan, the provider must file Form 1094-C and Form 1095-C (or other form that IRS designates, or a substitute form), instead of Forms 1094-B and 1095-B, to report information with respect to its employees.

For further information about the employer shared responsibility provisions and who is an applicable large employer member, see the [section 4980H final regulations](#) and our [section 4980H questions and answers](#).

22. Must a health coverage provider file the return with the IRS electronically?

- A health coverage provider that is required to file 250 or more Forms 1095-B or 250 or more Forms 1095-C during the calendar year must file the returns electronically.
- The 250 return threshold applies separately to each type of return required to be filed.
- Only Forms 1095-B or 1095-C are counted in applying the 250 return threshold for section 6055 reporting.
- However, if the 250 return threshold applies, Forms 1094-B and 1094-C also must be filed electronically.
- A provider that is required to file fewer than 250 Forms 1095-B or Forms 1095-C may file on paper or electronically.

23. To whom must a health coverage provider furnish the statement?



24. Must a health coverage provider furnish the statement to anyone who is not the responsible individual?

No. A provider is not required to provide a statement to any individual who is not the responsible individual.

25. When must a health coverage provider furnish the statement to the responsible individual?

- A health coverage provider must furnish the statement to the responsible individual on or before January 31 of the year following the calendar year in which minimum essential coverage is provided.
- If the provider applies to the IRS in writing and shows good cause, the IRS may grant an extension of time up to 30 days for the provider to furnish the statement.

26. How must a health coverage provider furnish the statement to the responsible individual?

- A health coverage provider generally must mail the statement to the responsible individual's last known permanent address or, if no permanent address is known, to the individual's temporary address. A provider's first class mailing to the last known permanent address, or if no permanent address is known, the temporary address, discharges the provider's requirement to furnish the statement.
- A health coverage provider also may furnish the statement electronically to the responsible individual if the responsible individual affirmatively consents to it.

27. Does an employer that must file returns under section 6055 as a provider of self-insured health coverage to its employees and under section 6056 as an applicable large employer file combined information returns and statements?

Yes. An applicable large employer member, as defined in the employer shared responsibility provisions under section 4980H, that provides self-insured coverage is subject to the reporting requirements of both section 6055 and section 6056.

To streamline and prevent duplication under each reporting requirement, applicable large employer members with self-insured coverage will combine section 6055 and section 6056 reporting.

An applicable large employer member with self-insured coverage will report on Form 1095-C, completing separate sections to report the information required under sections 6055 and 6056.

An applicable large employer member that provides insured coverage will complete only the section of Form 1095-C that reports the information required under section 6056.

Entities reporting as health insurance issuers, sponsors of self-insured group health plans that are not applicable large employers, sponsors of multi-employer plans, and providers of government-sponsored coverage, will report under section 6055 on Form 1094-B and Form 1095-B.

For further information about the employer shared responsibility provisions under section 4980H and the reporting requirements under section 6056, see the [section 4980H final regulations](#), our [section 4980H questions and answers](#), the [section 6056 final regulations](#), and our [section 6056 questions and answers](#).

28. May a health coverage provider hire a third party to fulfill the provider's reporting responsibilities?

- Yes. Reporting arrangements between health care providers and other parties are not prohibited.
- However, entering into a reporting arrangement does not transfer the potential liability of the provider for failure to report information and furnish statements under section 6055.
- In addition, if a person who prepares returns or statements under section 6055 is a tax return preparer, that person will be subject to the requirements generally applicable to tax return preparers.

29. For information returns filed and furnished in 2017 for coverage provided in 2016 and later years, what penalties may apply if a health coverage provider fails to comply with the section 6055 information reporting requirements?

- The penalty under section 6721 may apply to a provider that fails to file timely information returns, fails to include all the required information, or includes incorrect information on the return.
- The penalty under section 6722 may apply to a provider that fails to furnish timely the statement, fails to include all the required information, or includes incorrect information on the statement.
- The waiver of penalty and special rules under section 6724 and the applicable regulations, including abatement of information return penalties for reasonable cause, may apply to certain failures under section 6721 or 6722.
- See question 2 for more details on when the information reporting is first required (in 2016 for coverage provided in 2015) and on voluntarily complying with those requirements in 2015 for coverage provided 2014.
- See question 3 for information on relief that applies with respect to these penalties for reporting and furnishing in 2016 for coverage in 2015.

QUESTIONS?