



# MANUAL TRANSMITTAL

Department of the Treasury  
Internal Revenue Service

3.41.267

DECEMBER 4, 2024

## EFFECTIVE DATE

(01-01-2025)

## PURPOSE

- (1) This transmits revised IRM 3.41.267, Optical Character Recognition Scanning Operations, Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System.

## MATERIAL CHANGES

- (1) IRM 3.41.267.6.2 (2) Added a note to Form 1095-C Form ID 600318 for page 1 and 3.
- (2) Editorial corrections made throughout the IRM as follows:
  - Changed Wage and Investment to Taxpayer Services.
  - Updated processing valid tax years to 2021 through 2024.
  - Updated delinquent return date ranges for the new processing year to 2025.

## EFFECT ON OTHER DOCUMENTS

This supersedes IRM 3.41.267 dated November 13, 2023, (effective January 01, 2024).

## AUDIENCE

Taxpayer Services, Submission Processing, Data Conversion Operations

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3.41.267

Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System

## Table of Contents

3.41.267.1	Program Scope and Objectives
3.41.267.1.1	Background
3.41.267.1.2	Authority
3.41.267.1.3	Responsibilities
3.41.267.1.4	Program Management and Review
3.41.267.1.5	Program Controls
3.41.267.1.6	Terms/Acronyms/Definitions
3.41.267.1.7	Related Resources
3.41.267.2	Introduction
3.41.267.2.1	Source Documents
3.41.267.2.2	Program Codes
3.41.267.2.3	How to Use This Internal Revenue Manual (IRM)
3.41.267.3	Affordable Care Act Information Return Processing Document Preparation
3.41.267.3.1	Coding of Late-Filed Submissions
3.41.267.3.2	Scanner
3.41.267.3.2.1	Scanner Rejects
3.41.267.3.3	Correspondence on Processable Returns
3.41.267.3.4	Post Document Preparation (Doc Prep) Required
3.41.267.4	Unprocessable Unit-of- Work
3.41.267.4.1	Unprocessable Unit-of-Work Conditions
3.41.267.4.2	Unprocessable Unit-of-Work Disposition
3.41.267.5	Workstation Operations
3.41.267.6	Forms Identification (FI) Function
3.41.267.6.1	Forms Identification (FI) QUICK START
3.41.267.6.2	Form Identification (FI) Processing
3.41.267.7	Original Entry (OE) Function
3.41.267.7.1	Original Entry (OE) Image QUICK START
3.41.267.7.2	Original Entry (OE) Image Processing
3.41.267.7.3	Original Entry (OE) From Paper Quick Start
3.41.267.7.4	Original Entry (OE) From Paper Processing
3.41.267.7.5	Releasing a Unit-of-Work in Original Entry (OE)
3.41.267.7.6	Selecting a Specific Unit-of-Work in Original Entry (OE)
3.41.267.8	Data Validation (DV) Function
3.41.267.8.1	Data Validation (DV) From Image QUICK START
3.41.267.8.2	Selecting a Specific Unit-of-Work in Data Validation (DV)

---

3.41.267.9 General Correction Procedures

- 3.41.267.9.1 Name and Address Block Reader (NABR)
- 3.41.267.9.2 Name Entry
- 3.41.267.9.3 Address Elements
- 3.41.267.9.4 Transmittal Taxpayer Identification Number (TIN)
- 3.41.267.9.5 Money Amount Fields
- 3.41.267.9.6 Deleting a Unit-of-Work or Submission
- 3.41.267.9.7 Voiding a Supporting Detail Document

3.41.267.10 Re-Imaging Form 1094 Series Returns

3.41.267.11 Form 1094 Series Image Only Processing

- 3.41.267.11.1 Form 1094 Image Only

3.41.267.12 Supervisor Section Affordable Care Act Return Program Reports

- 3.41.267.12.1 Document Locator Number (DLN) Output Report
- 3.41.267.12.2 Assigned Document Locator Number Report
- 3.41.267.12.3 Cumulative Document Locator Number (DLN) Assignment Report
- 3.41.267.12.4 Workflow Status
- 3.41.267.12.5 Override Report
- 3.41.267.12.6 Inventory Report
- 3.41.267.12.7 Production Report
- 3.41.267.12.8 Run Balancing Report
- 3.41.267.12.9 Pull Unit of Work (Submission) Report
- 3.41.267.12.10 Throughput Statistics Report
- 3.41.267.12.11 Workstation Operator Statistics Program and Function Summary Report

3.41.267.13 Block Status Window

- 3.41.267.13.1 Output Verification Audit

3.41.267.14 Purging Documents

Exhibits

- 3.41.267-1 Terms/Acronyms/Definitions
- 3.41.267-2 States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by State
- 3.41.267-3 States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by ZIP Code
- 3.41.267-4 Zone Improvement Plan (ZIP) Code, City, and State Exceptions
- 3.41.267-5 Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes
- 3.41.267-6 Affordable Care Act Information Return Transcription Sheets
- 3.41.267-7 Valid Characters
- 3.41.267-8 Unit Production Card (UPC) Inputs for Batch/Block Tracking System (BBTS)

3.41.267.1  
(01-01-2020)  
**Program Scope and Objectives**

- (1) This program provides human intervention for data verification of electronic data record created by optical recognition engines for the purpose of data capture from paper returns filed with the IRS.
- (2) **Purpose:** This IRM provides instruction on processing of paper filed Affordable Care Act information returns (ACA IRP) on the Service Center Recognition/Image Processing System (SCRIPS). This instruction converts taxpayer data reported to electronic data records to fulfill the filing requirement.
- (3) **Audience:** Submission Processing Data Conversion Operation personnel including: clerks, peripheral operators, leads and supervisors. These instructions apply to all campuses.
- (4) **Policy Owner:** The Director of Submission Processing.
- (5) **Program Owner:** Mail Management Data Conversion Section, Return Processing Branch (an organization within Submission Processing).
- (6) **Primary Stakeholders:** Service and Enforcement, ACA Implementation, Compliance Strategy and Policy and Small Business/Self Employed (SB/SE), Operations Business Support, and Office of Servicewide Penalties.
- (7) **Program Goals:** Convert processable paper filed Affordable Care Act information documents to electronic data records.

3.41.267.1.1  
(01-01-2018)  
**Background**

- (1) Filers send paper information returns to IRS to fulfill their filing requirement and provide their taxpayer identification number (TIN). The IRS must convert the information present on the paper filings to an electronic data record. Employees input and validate the data present and IRS systems for these records during conversion to electronic data records.

3.41.267.1.2  
(01-01-2022)  
**Authority**

- (1) Authority for these procedures located in Title 26 of the United States Code (USC) or more commonly known as the Internal Revenue Code (IRC). The IRC receives amendments by acts, public laws, treasury determinations, rules, and regulations such as the following:
  - Information Reporting on Health Coverage by Insurers IRC 6055
  - Information Reporting on Health Coverage by Employers IRC 6056
  - Failure to File a Correct Information Return IRC 6721
- (2) Policy Statements for Submission Processing located in IRM 1.2.1.4, Policy Statements for Submission Processing Activities.

3.41.267.1.3  
(01-01-2018)  
**Responsibilities**

- (1) The Director, Submission Processing approves and authorizes issuance of this IRM.
- (2) The Planning and Analysis staff provides feedback and supports local management to achieve and effectively monitor scheduled goals.
- (3) The Operations Manager secures, assigns and provides training to perform the instruction.
- (4) The team manager assigns, monitors and controls the workflow to complete the work timely.

## 3.41 Optical Character Recognition Scanning Operations

- (5) The employee applies the instruction to the SCRIPS system to convert paper data to an electronic data record.

3.41.267.1.4  
(01-01-2020)

### Program Management and Review

- (1) **Program Reports:** Management uses these reports to monitor daily (IPS0698 throughout each workday) and weekly status of the program to completeness.
- IPS0083, Workstation Operator Statistics Program and Function Summary Report
  - IPS0698, Workflow Status
  - IPS01119, Run Balance Report
  - IPS06440, Throughput Statistics Report
  - PCC 2240, Daily Production Report - Program Sequence
  - PCC 6040, SC WP&C Performance and Cost Report
  - PCC 6240, SC WP&C Program Analysis Report
  - PCB 0440, Daily Workload and Staff Hours Schedule
  - PCB 0540, Weekly Workload and Staffing Schedule
- (2) **Program Effectiveness:** Management measures goals using standard documents per hour reports. Each function must complete inventory prior to the program completion date stated in IRM 3.30.123, Work Planning and Control - Processing Timeliness: Cycles, Criteria, and Critical Dates. Local Management ensures quality products conducting and monitoring quality reviews. Managerial or product review in Data Validation function performed each week on every employee and entered in Embedded Quality for Submission Processing System (EQSP). Managerial and product review supplement the quality review process.
- (3) **Annual Review:** Review the processes included in this manual annually to ensure accuracy and promote consistent tax administration.

3.41.267.1.5  
(01-01-2018)

### Program Controls

- (1) Management uses unit production cards (UPCs) to measure and record activity in each function of this program.
- (2) Management can use local reports to establish information to support daily program control. Local reports never replace the established official reports.

3.41.267.1.6  
(01-01-2018)

### Terms/Acronyms/Definitions

- (1) Locate terms and acronyms in this instruction in Exhibit 3.41.267-1, Terms/Acronyms/Definitions.

3.41.267.1.7  
(01-01-2022)

### Related Resources

- (1) The following table lists the IRM primary sources of guidance on the processing of paper filed forms under the Affordable Care Act program.

IRM	Title	Guidance on
IRM 3.10.5	Campus Mail and Work Control - Batch/Block Tracking System (BBTS)	utilizing BBTS to drop unit production cards for daily incoming receipts and production

IRM	Title	Guidance on
IRM 3.10.72	Campus Mail and Work Control - Receiving, Extracting, and Sorting	receiving, extracting, sorting, and routing mail within the Submission Processing campuses
IRM 3.10.8	Campus Mail and Work Control, Information Returns Processing	fine sorting, correspondence routing and disposition for Information Returns Program
IRM 3.13.62	Campus Document Services - Media Transport and Control	shipping of SCRIPS requests
IRM 3.41.274	Optical Character Recognition Scanning Operations, General Instructions for Processing via Service Center Recognition/Image Processing System	workstation functions, workstation keyboard, windows environment and general instruction for entering data from tax returns and related data through SCRIPS
IRM 3.41.275	Optical Character Recognition Scanning Operations, Scanner Operations on Service Center Recognition/Image Processing System	scanning returns on the SCRIPS scanner
IRM 10.5.1	Privacy and Information Protection - Privacy Policy	shipping of SCRIPS requests
Document 12990	Records and Information Management Records Control Schedules	time frame to destroy paper sample after conversion to electronic data records
Document 13056	Shipping Procedures for Personally Identifiable Information (PII)	shipping of image SCRIPS requests
Document 13144	Proper PII Shipping Procedures	shipping of SCRIPS image requests
Training 2335-series	Instructor's Corner for Submission Processing - SCRIPS	course material for SCRIPS entry, located at <a href="https://program.ds.irsnet.gov/sites/WILESPInstCmr/SCRIPS/Forms/AllItems.aspx">https://program.ds.irsnet.gov/sites/WILESPInstCmr/SCRIPS/Forms/AllItems.aspx</a>

- (2) IRMs present on Servicewide Electronic Research Program (SERP) at the following site: <http://serp.enterprise.irs.gov/homepage.html>. Specific instructional links available on the IMF Data Conversion Research Portal located at <http://serp.enterprise.irs.gov/databases/portals/sp/imf/data-conversion/data-conversion.html>.
- (3) IRM 3.13.62, Campus Document Services - Media Transport and Control, or IRM 10.5.1, Privacy and Information Protection - Privacy Policy, provides information on shipping Personally Identifiable Information (PII). This document is located at: <http://publish.no.irs.gov/mailtran/pii.html>, titled Postal and Transport Policy.

3.41.267.2  
(01-01-2018)  
**Introduction**

- (1) This IRM section describes certain tasks necessary in the processing of Affordable Care Act information returns processing (ACA IRP) filed on paper with the Service Center Recognition/Image Processing System (SCRIPS).
- (2) Submit IRM deviations in writing following instructions from IRM 1.11.2.2, Internal Management Documents System - Internal Revenue Manual (IRM) Process, IRM Standards, and elevated through proper channels for executive approval.
- (3) The Taxpayer Bill of Rights (TBOR) lists rights that already existed in the tax code, putting them in simple language and grouping them into 10 fundamental rights. Employees are responsible for being familiar with and acting in accord with taxpayer rights. See IRC 7803(a)(3), Execution of Duties in Accord with Taxpayer Rights, and additional information on the *Taxpayer Bill of Rights* site located at the following location: <https://www.irs.gov/taxpayer-bill-of-rights>.

3.41.267.2.1  
(01-01-2025)

- (1) The instructions in this section apply only to the form types listed below for tax years 2021 through 2024:

**Source Documents**

Affordable Care Act Information Returns Processing (ACA IRP) Form, Title	Form Characteristics
Form 1094-B, Transmittal of Health Coverage Information Returns	transmitting one or more Form 1095-B, Health Coverage
Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns	transmitting one or more Form 1095-C, Employer-Provided Health Insurance Offer and Coverage
Stand-alone Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns (SA1094C)	with an entry in <b>both</b> corrected box (checked) and Part I, Line 19 box (checked)
Form 1095-B, Health Coverage	transmitted by Form 1094-B, Transmittal of Health Coverage Information Returns
Form 1095-C, Employer-Provided Health Insurance Offer and Coverage	transmitted by Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

3.41.267.2.2  
(01-01-2018)  
**Program Codes**

- (1) Use program code number 44320 for the processing functions of Affordable Care Act information returns instruction in this IRM.
- (2) Limit output files to approximately 200,000 data records of each form type ("B" and "C") to accommodate the receiving systems limitations.

**Example:** A valid output file consists of no more than 200,000 data records of form type "B" and 200,000 data records of form type "C."



3.41.267.2.3  
(01-01-2022)

## How to Use This Internal Revenue Manual (IRM)

### (1) Keystroke Combinations:

- Carets enclose keystroke combinations (e.g., <Enter>).
- A hyphen separates multiple keystroke combinations (e.g., <Ctrl>-M). This means hold down the <Ctrl> key while pressing the M key.

### (2) Terms and Acronyms - Exhibit 3.41.267-1, Terms/Acronyms/Definitions, lists terms and the definitions of terms related directly and indirectly to ACA IRP SCRIPS processing.

### (3) QUICK START - Each function (Original Entry Image (OE-Image), Data Validation Image (DV-Image)) begins with QUICK START instructions intended to speed access to a UW. For detailed data entry and validation instructions found in the following narrative, see IRM 3.41.267.9, General Correction Procedures, and the tables and transcription sheet exhibits in the back of this IRM. More general instructions appear in IRM 3.41.274, Optical Character Recognition Scanning Operations, General Instructions for Processing via Service Center Recognition/Image Processing System.

**Reminder:** Whenever IRM 3.41.274, Optical Character Recognition Scanning Operations, General Instructions for Processing via Service Center Recognition/Image Processing System, and this IRM conflict, follow this IRM.

### (4) Tables

Table Location	Table	Table Entries and Use
Exhibit 3.41.267-1	Terms/Acronyms/Definitions	provides the corresponding definitions for the provided listing of terms and abbreviations used throughout section 267 of chapter 41
IRM 3.41.267.1.7	Related Resources	lists related resources to use in conjunction with the instruction given
IRM 3.41.267.2.1 (1)	Source Documents Form list and form characteristics	lists each form name and title and states the characteristics of each form type
IRM 3.41.267.5 (3)	Workstation Operations Specific Key Functionality	lists specific keyboard keys and key combinations with the functionality of each listed

## 3.41 Optical Character Recognition Scanning Operations

Table Location	Table	Table Entries and Use
Exhibit 3.41.267-2	States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by State	lists ZIP Code ranges sorted by the state
Exhibit 3.41.267-3	States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by ZIP Code	lists states sorted by the ZIP Code range
Exhibit 3.41.267-4	Zone Improvement Plan (ZIP) Code, City, and State Exceptions	lists exceptions to the ZIP Code ranges
Exhibit 3.41.267-5	Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes	lists major city codes for use with address entry
Exhibit 3.41.267-6	Affordable Care Act Information Return Transcription Sheets	lists screen prompt and instruction by form page for use in the OE and DV functions
Exhibit 3.41.267-7	Valid Characters	list valid characters and describes the characters allowed in fields present on the transcription sheets

(5) Transcription sheets:

- Exhibit 3.41.267-6, Affordable Care Information Return Transcription Sheets is transcription sheets for use in the OE and DV functions.
- Separate sheets for each form type and page number with screen prompts, description and instruction of each individual data field present on the documents is available.
- These sheets provide most of the information needed to process ACA IRP documents on SCRIPS.

3.41.267.3  
(01-01-2022)  
**Affordable Care Act  
Information Return  
Processing Document  
Preparation**

- (1) Use IRM 3.41.275, Optical Character Recognition Scanning Operations, Scanner Operations on Service Center Recognition/Image Processing System, for instruction on scanning forms into SCRIPS.
- (2) Perform perfection on the UW by placing it in the proper succession (order) for scanning.

**Example:** A Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, has a blank page 2 and a

# Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System 3.41.267

page 7

completed page 2 followed by a page 3. Cover the entire blank page 2 or copy page 1, to make the work scannable for SCRIPS system.

- (3) If a condition exists prohibiting scanning of a processable UW, perform OE from paper process on the UW.

**Note:** Form 1094 (series) return must still undergo image only process for the retention copy.

## 3.41.267.3.1 (01-01-2025) Coding of Late-Filed Submissions

- (1) Late filed Form 1094-B, Transmittal of Health Coverage Information Returns, and Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, submissions received from the IRP Sort function with an IRS Received Date stamp require the Delinquent Return Date (IRS received date) and Delinquent Return Indicator information processed.
- (2) Delinquent Return Indicator - Located in the "For Official Use Only" area (first

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Delinquent Return Indicator	Definition of Indicator	Delinquent Return Date
	Assessed Return	No date entry
	Collection secured	No date entry
	Examination secured	No date entry
	Suppress notice indicator	No date entry
	Prepared by Civil Penalty Unit	No date entry
	Penalty assessment is automatic	Date entry Return date
blank	Timely filed - no date	No date entry

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- (3) A **Delinquent Return Date**, (boxes 2 through 7) is not present on the transmit-
- not present, **AND** it has a valid IRS received date stamp, a delinquent return
- and 7th "For Official Use Only" boxes. Enter the date in the MMDDYY format
- field and no delinquent return date or an invalid delinquent return date is

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## 3.41 Optical Character Recognition Scanning Operations

3.41.267.3.2  
(01-01-2022)  
**Scanner**

- (1) See scanner operator instruction in IRM 3.41.275, Optical Character Recognition Scanning Operations, Scanner Operations on Service Center Recognition/Image Processing System, for complete scanner operating instructions.
- (2) Select manual feed process from the transport console “**IRP-ACA**” menu to scan hand drop ACA IRP.

**Note:** The system assumes the first page is a Form 1094 (series) return.

- (3) Scan submissions (Form 1094 (series) and all associated Form 1095 (series) again one submission at a time.

**Note:** The scanner does not reject any pages except mechanical rejects.

- (4) Press the <F3> key to denote the end of the submission and prompts “**Start New Batch, or Q to Quit.**”
- (5) Do not scan batches or boxes of work having many missing or invalid Form IDs on the submissions but return to IRP Sort function for correction. See IRM 3.41.267.4.1, Unprocessable UW Conditions, for instruction on defining invalid Form ID.

3.41.267.3.2.1  
(06-27-2017)  
**Scanner Rejects**

- (1) The scanner prints the reject code “**M**” (Mixed Document Type) or “**X**” to the left of the Document Locator Number (DLN) area on any form or page rejection.
- (2) A mixed document type submission received from the scanning function is one of the form types listed in IRM 3.41.267.2.1 (1), Source Documents.
- (3) Only non-conforming, mixed, invalid document types, or pages within the submission reject.

3.41.267.3.3  
(01-01-2016)  
**Correspondence on Processable Returns**

- (1) No entry is “**valid**” for use with this program.
- (2) Remove any entry present in the screen input if noticed.

3.41.267.3.4  
(01-01-2019)  
**Post Document Preparation (Doc Prep) Required**

- (1) Pull and return to the IRP Sort function daily any documents and Units of Work (UWs) SCRIPS cannot resolve listed on the IRP ACA Pull Document/ Submission Report. See IRM 3.41.267.12.9, Pull Unit of Work (Submission) Report for information on the report.
- (2) Send Integrated Data Retrieval System (IDRS) image requests daily by secure e-mail to the Unit manager of the requesting unit. Use *IUUD:IDRS Unit & USR Database* located at the following link to retrieve the e-mail addresses: <https://iors.web.irs.gov/HomeIUUD.aspx>. Use “**ESTAB Request**” as the subject of the secure e-mail.

**Note:** An IDRS List Report is available under General Reports in the backend of SCRIPS for use on volumes. Local level can complete more actions or negotiate alternate distribution with requesting organizations barring excessive staff hour usage.

3.41.267.4  
(01-01-2016)  
**Unprocessable Unit-of-Work**

- (1) Return to the IRP Sort function all unprocessable documents requiring correspondence. The IRP Sort function corresponds with the filer concerning their submission and ask the filer to refile processable documents.

3.41.267.4.1  
(01-01-2021)  
**Unprocessable Unit-of-Work Conditions**

- (1) Consider the following conditions unprocessable:
  - You cannot determine what the taxpayer data is (foreign language, completely illegible).
  - You cannot determine the type of return.
  - You cannot determine the tax year of the return.
  - Invalid tax year on the Form 1094 series.  
**Example:** SCRIPS does not process tax years equal to the processing year minus five or more.
  - You cannot determine the tax year of the submission.  
**Example:** The tax year on the transmittal and the tax year on all details do not match.
  - When the name of the filer/employer on the transmittal document (Form 1094 (series)) has one or more of the first four characters present illegible, is entirely illegible, or missing and is not available from the first detail record.  
**Exception:** For Form 1094-B, Transmittal of Health Coverage Information Returns, the filer is not available from the first detail record or any of the detail documents.
  - The filer altered box titles.
  - The submission is missing a transmittal (corresponding Form 1094 series return).
  - Form ID is invalid, missing, in the wrong font, or in the wrong location on the submission or part of the submission.
  - Units of work (UW) where 50 percent or more of the TINs (social security numbers (SSNs)) show only the last four-digits of the SSNs (appear redacted).  
**Example:** If the SSN or a part of the SSN present is masked, hidden, represented by asterisk or, incomplete in any way consider it redacted.
  - When any character in the filer or employer Taxpayer Identification Number/Employer Identification Number (EIN) on the transmittal is illegible or is missing and not available on the first detail.  
**Exception:** For Form 1094-B, Transmittal of Health Coverage Information Returns, the filer is not available from the first detail record or any of the detail documents.
  - When the EIN on the transmittal is equal to a repeating number or sequential numbers.  
**Example:** A repeating EIN is 11-1111111, 22-2222222, etc., and a sequential EIN is 12-3456789.

## 3.41 Optical Character Recognition Scanning Operations

- The submission is a Form 1094-B, Transmittal of Health Coverage Information Returns, with no corresponding Form 1095-B, Health Coverage, records.
- The employer EIN on Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, does not match the employer listed on Form 1095-C, Employer-Provided Health Insurance Offer and Coverage, transmitted and is noticed.

**Caution:** This does not apply to the “B” series.

- The submission is a Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, with no corresponding Form 1095-C, Employer-Provided Health Insurance Offer and Coverage, records “and” the corrected box “and” line 19 both do not contain a mark.

3.41.267.4.2  
(01-29-2019)

### Unprocessable Unit-of-Work Disposition

- (1) Pull unprocessable units-of-work (UW) daily and returned to the IRP Sort unit for taxpayer correspondence or disposition.
- (2) A report titled, IRP ACA Pull Document/Submission Report, displays unprocessable UWs. Pull these daily and returned to the IRP Sort unit. See characteristics of the report in IRM 3.41.267.12.8, Pull Unit of Work (Submission) Report.

**Exception:** PULL IMAGE ONLY and PULL IMAGE ONLY - NO DLN require resolution in SCRIPS.

- (3) Tag each condition prior to forwarding to IRP Sort with the reason code given on the pull report for a specific UW to allow the determination of correspondence sent for these unprocessable documents.

**Example:** The site can choose to create a routing sheet and include pull document reason codes, circle the code for each UW and attach it when returning the unprocessable documents to IRP Sort unit.

3.41.267.5  
(01-01-2022)

### Workstation Operations

- (1) Refer to the IRM 3.41.274, Optical Character Recognition Scanning Operations, General Instructions for Processing via Service Center Recognition/Image Processing System, for a description of the items below and other items:
  - Keyboard Layout
  - Login/Logoff
  - Operator Statistics
  - Post-to-Close
  - Interrupt/Resume
  - Suspend/Resume
  - Status Line
  - Window Prompts
  - Key Functions
- (2) Whenever IRM 3.41.274, Optical Character Recognition Scanning Operations, General Instructions for Processing via Service Center Recognition/Image Processing System, and this IRM conflict, follow this IRM.

- (3) Each key or key combination description is the functionality while inside SCRIPS and does not apply to keyboard functionality on other programs. Below lists some function key descriptions.

Function Key	Description
<F5>	Allows you to move the entry field to a different place relative to the area on the scanned image.
<F7>	Allows you to go back and review previous documents or previous pages in the unit-of-work.
<Insert>	Places the cursor in Overstrike Mode. The keyboard is normally in Overstrike Mode; however, <Insert> removes the keyboard from Overstrike Mode.
<Ctrl>-<Shift>-<Delete> <Ctrl>-<Shift>-<Del> <Ctrl>-<Delete>	Deletes a unit-of-work.
<Ctrl>-<Shift> and arrow keys (←→↑↓arrows)	Allows you to move the image strip when it is not lined up. Holds the position for the current image.
<Ctrl>-D	Copies the data from the same field on the previous document.
<Page Up>	ACA IRP: Allows you to move between page 1, page 2 and or page 3(s) of Form 1094-C, Form 1095-B and Form 1095-C.
<Page Down>	ACA IRP: Allows you to move between page 1, page 2 and or page 3(s) of Form 1094-C, Form 1095-B and Form 1095-C.
<Shift>-<Print Screen>	Prints the current screen on the monitor. <b>Caution: Release the Print Screen button first</b> and then the shift key. The printing action begins upon the release of the Print Screen keystroke.
<Ctrl>-M	Enlarges the size of the scanned image appearing above the entry field.
<Ctrl>-L	Reduces the size of the scanned image appearing above the entry field.

3.41.267.6  
(01-01-2016)  
**Forms Identification (FI)  
Function**

- (1) Non-conforming form is when the scanner does not recognize all documents or all pages of the document. These include photocopies of official documents, official forms but for some reason do not meet the official specifications for measurement, homemade documents of varying formats or documents without or with invalid form identification numbers in the upper right-hand corner of the page. The **FI** function allows the manager/work leader to identify the form (or



the page of the form) to avoid rework at the scanner. The **FI** screen displays an image and an entry template on the right. The entry template permits the operator to select what form type the image is, or to delete a single image or an entire submission from further processing. The menus shown on the screen depend on how your supervisor profiled you.

**Example:** The FI option appears grayed out on the Workstation Main Menu if not in your profile.

3.41.267.6.1  
(01-01-2022)

#### Forms Identification (FI) QUICK START

- (1) From the Workstation Main Menu, select the numeric code for Original Entry (OE).
- (2) From the Original Entry (OE) Selection Menu, select the numeric code for Form Identification Selection Menu.
- (3) From the Form Identification Selection Menu, select the numeric code for the type of **FI** needed.
- (4) The first group of images, from a UW requiring identification, opens.
- (5) If an incorrect option is selected from the Form Identification Selection Menu, press the **<Ctrl>-P** key combination to set post-to-close and press **<F9>** to suspend, before entering any data, to return to the Form Identification Selection Menu.

**Note:** Notify your supervisor.

- (6) Press the **<Ctrl>-P** post-to-close key combination to end **FI** after completing the current UW.
- (7) The system returns to the Form Identification Selection Menu when you complete the last image identification in the UW.

3.41.267.6.2  
(01-01-2025)

#### Form Identification (FI) Processing

- (1) The system assigns a six-digit sequence number instead of a document locator number (DLN) to documents it cannot identify. This number assists in locating the UW when researching documents. Once the form type/page is identified, the system assigns a DLN to the document.
- (2) Identify the image by entering the proper number or letter selection from the template in the form identification menu selection. The tables below appear on the SCRIPS workstation directly below each other.

**Form 1094 Series**

Menu Option	Form/Page/(Form ID)	Menu Option	Form/Page/(Form ID)
A	Form 1094-B pg1 (110116)	B	Form 1094-C pg1 (120118)
		C	Form 1094-C pg2 (120218)
		D	Form 1094-C pg3 (120316)



**Form 1095 Series**

Menu Option	Form/Page/(Form ID)	Menu Option	Form/Page/(Form ID)
1	Form 1095-B pg1 (560118)	3	Form 1095-C pg1 (600120)
		4	Form 1095-C pg1 (600118) <b>Note:</b> Do not use.
2	Form 1095-B pg3 (560318)	5	Form 1095-C pg3 (600320)
		6	Form 1095-C pg3 (600318) <b>Note:</b> Do not use.

Press the **<Enter>** key to complete a selection.

- (3) Press **<F9>** to suspend the document for the person working suspense to research when you cannot identify the image. If the image is unprocessable, press **"X"** to remove the document from further processing.
- (4) Suspend the document for the supervisor if the image is a form type other than ACA IRP (such as Form 1040 or Form 941) by pressing **<F9>**. The person working suspense pulls the documents for proper routing before pressing **"X"** to remove the document from further processing.
- (5) If multiple form types exist in a submission, research is needed to determine if the submission requires deleting. Deleting the entire submission is sometimes more efficient, than removing many single documents. Delete submissions by pressing the **<Ctrl>-<Shift>-<Delete>**, **<Ctrl>-<Delete>**, or **<Ctrl>-<Shift>-<Del>** key combination.
- (6) Press the **<Ctrl>-P** post-to-close key combination to set post-to-close to end the session. The system returns you to the Original Entry (OE) Selection Menu when you complete the last image in the UW.

3.41.267.7  
(01-01-2016)  
**Original Entry (OE)  
Function**

- (1) Use the OE function to manually key enter data from both scanned images and from paper documents. The menus shown on the screen depends on how your supervisor profiled you.

**Example:** This option is grayed on the Workstation Main Menu if it is not in your profile.

3.41.267.7.1  
(01-01-2022)  
**Original Entry (OE)  
Image QUICK START**

- (1) From the Workstation Main Menu, select Original Entry (OE).

## 3.41 Optical Character Recognition Scanning Operations

- (2) From the Original Entry (OE) Selection Menu, select OE Image Selection Menu.
- (3) From the OE Image Selection Menu, select IRP ACA OE Image.
- (4) From the IRP ACA OE Image Selection Menu, select one of the following:
  - 1 - All IRP ACA OE Image
  - 2 - Form 1094-B OE Image
  - 3 - Form 1094-C OE Image
- (5) After the selection is entered press **<Enter>** as prompted or press **<Alt>-X** to exit to previous menu.
- (6) The first individual document in a UW requiring OE opens. See Exhibit 3.41.267-6, Affordable Care Act Information Return Transcription Sheets.
  - a. The scanned image of the document displays on the left side of the workstation screen.
  - b. The right side of the workstation screen is where the data is input in the specific field window.
- (7) If an incorrect option is selected, press the **<Ctrl>-P** post-to-close key combination and then suspend this UW. Notify your supervisor.
- (8) If the last data entered is not the last field of the page and there is no other data present on the page, press **<F6>** key to release a document and display the next template.
- (9) Press the **<Ctrl>-P** post-to-close key combination to end OE from Image.
- (10) The system returns you to the Original Entry (OE) Selection Menu when you complete the last document in the current UW.

3.41.267.7.2  
(01-01-2017)

### Original Entry (OE) Image Processing

- (1) The Status Line at the bottom of the screen displays the following information:
  - a. The program field is **44320** for ACA IRP documents.
  - b. The DLN field is the DLN of the document displayed.
  - c. The document field is the relative count of the document.
 

**Example:** If it is the first document in a unit-of-work with 250 documents, the document field shows a count of **1 of 250**.
  - d. The Pg. field is the relative count of the page of the document.
 

**Example:** If it is Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, page 1, the Pg field shows **1 of 2** or **1 of 3** depending on the length of the return filed; Form 1094-C page 2 shows as **2 of 2** or **2 of 3** depending on the length of the return filed.
  - e. The Status Line is **"IN"** when the insert mode is on and **"NU"** when the numeric mode is on.
- (2) In OE from Image, you manually enter information into the template using a scanned image of the return as a source.

3.41.267.7.3  
(01-01-2022)

## Original Entry (OE) From Paper Quick Start

- (1) From the Workstation Main Menu, select Original Entry (OE).
- (2) From the Original Entry (OE) Selection Menu, select OE Paper Selection Menu.
- (3) From the OE Paper Selection Menu, select IRP ACA OE Paper Selection Menu.
- (4) From the IRP ACA OE Paper Selection Menu, select the form type:
  - 1 - Form 1094-B OE Paper
  - 2 - Form 1094-C OE Paper
- (5) After the selection is entered press **<Enter>** as prompted or press **<Alt>-X** to exit to previous menu.
- (6) If the wrong program is selected and the first page of the first document is not complete, press the **<Esc>** key to cancel the entry. You return to the IRP ACA OE Paper Selection Menu.

3.41.267.7.4  
(01-01-2019)

## Original Entry (OE) From Paper Processing

- (1) In OE from Paper, the workstation operators manually enter information into the system and eliminate all transport processing. The operators need the paper IRP ACA units-of-work to perform OE from paper. SCRIPS assigns a DLN for each document entered from paper but does not print them on the documents. As each new IRP ACA document is processed, the system displays the DLN of the document in the DLN field of the Status Line at the bottom right side of the screen.
- (2) After selecting the form type from the IRP ACA OE Paper Selection Menu, your first prompt is for the form year, followed by the system reminder window "Enter amounts as DOLLARS ONLY."
- (3) A blank Form 1094-X template is displayed for the first document in the block with the Sequence Number field displayed for entry. The first document must begin with sequence number "00."
- (4) The Status Line at the bottom of the monitor screen displays the following information:
  - a. The Program field shows **44320** for IRP ACA documents.
  - b. The DLN field shows the DLN of the current document.
  - c. The SUB field shows the relative count of submission work.
  - d. The Status Line shows **"IN"** when the insert mode is on and **"NU"** when the numeric mode is on.
- (5) Write the DLN assigned by the system in the upper right-hand corner of the paper document (either the Form 1094-X or Form 1095-X as determined at the site location). The system assigned DLN is shown in the DLN field of the Status Line.

**Reminder:** Writing the DLN for the Form 1094-X is necessary so subsequent operators can retrieve the UW.

## 3.41 Optical Character Recognition Scanning Operations

- (6) After entering Pg. 1 (or 2), your next prompt is “Is a page 2 (or 3) present?” Never enter a page without significant taxpayer data, not considered processable, or is a page not data captured such as the instruction pages or duplicate taxpayer forms.

**Exception:** Form 1094-B, Transmittal of Health Coverage Information Returns, has a Pg 1 ONLY, therefore the system moves straight into a Form 1095-B, Health Coverage, template.

- a. If “Yes,” a page 2 (or 3) template is presented.
- b. If “No,” you see a prompt “Is next document Form 1095-X?”

Response Choice If	Action Then
“Yes”	A Form 1095-X is presented asking for a sequence number. <b>Note:</b> When entering a Form 1095-X, the different DLN in the Status Line is like a 1099 detail document in regular IRP versus the 1096 DLN
“No”	Presentation is the next sequence number prompt for the same document type

- (7) After entering all documents press the <Esc> and <F8> keys to end OE from paper or press <Ctrl>-P (post-to-close) while entering, but before releasing the last document in the UW. The system returns you to the IRP ACA OE Paper Selection Menu.

3.41.267.7.5  
(01-01-2018)

### Releasing a Unit-of-Work in Original Entry (OE)

- (1) For **OE Image**, when you release the last document in a UW, this also releases the UW:
- a. If <Ctrl>-P is **pressed** before releasing the UW, the OE Selection Menu opens.
  - b. If <Ctrl>-P is **not pressed**, another UW opens.

3.41.267.7.6  
(01-01-2022)

### Selecting a Specific Unit-of-Work in Original Entry (OE)

- (1) A specific ACA IRP unit-of-work is selected for OE by following these steps:
- a. Select the numeric code for Original Entry (OE) from the Workstation Main Menu. The Workstation Main Menu closes, and the Original Entry (OE) Selection Menu opens. The menus shown on the screen depend on how your supervisor profiled you.
  - b. Enter the numeric code for OE Select Block from the Original Entry (OE) Selection Menu. The Original Entry (OE) Selection Menu closes, and the Open Block/Unit of Work window opens.
  - c. Enter the 14-digit DLN from the Form 1094 (series) return from the Open Block/Unit of Work window.
  - d. Press the <Enter> key. The Open Block/Unit of Work window closes and the selected UW opens. If the block is not available, an error message is displayed indicating the block is not available.

**Example:** A message is displayed if you previously worked on the block, or if another operator is currently working on the Block/UW.

- e. Enter data using IRM 3.41.267.9, General Correction Procedures, and Exhibit 3.41.267-6, Affordable Care Act Information Return Transcription Sheets, and other instruction in this IRM on the open designated Form 1094 (series) document.
- f. Press the **<Ctrl>-P** post-to-close key combination and then suspend the UW if an incorrect UW is selected for the Open Block/Unit of Work menu then notify your supervisor.

3.41.267.8  
(01-01-2018)  
**Data Validation (DV)  
Function**

- (1) The DV function is used to manually correct data from scanned images. The menus shown on the screen depend on how your supervisor profiled you.

**Example:** This option is grayed on the Workstation Main Menu if it is not in your profile.

- (2) The Status Line at the bottom of the screen displays the following information:
  - a. The DLN field shows the DLN of the document displayed.
  - b. The SUB field shows the relative count of the document.

**Example:** If it is the first document in a UW with 80 documents, the SUB field shows a count of **1 of 80**.

- c. The Pg. field shows the relative count of the page of the document.

**Example:** If it is Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, page 1, the Pg. field shows **1 of 3**, page 3 shows as **3 of 3**.

- d. The Status Line shows **"AU"** when the automatic mode is on, **"IN"** when the insert mode is on, and **"NU"** when the numeric mode is on.

**Note:** AUTO indicator turns the AUTO mode on and off. When AUTO is on, the cursor automatically moves from the current field to the next field requiring perfection. When AUTO is off, the cursor manually moves through every field using the cursor movement keys. A Select Block or Suspended Block in DV requires the operator to restore the AUTO on mode using **<Ctrl>-<Shift>-<A>**.

3.41.267.8.1  
(01-01-2022)  
**Data Validation (DV)  
From Image QUICK  
START**

- (1) From the Workstation Main Menu, select the numeric code for Data Validation (DV).
- (2) From the Data Validation (DV) Selection Menu, select the numeric code for DV Selection Menu.
- (3) From the DV Selection Menu, select the numeric code for IRP ACA DV Selection Menu.
- (4) From the IRP ACA DV Selection Menu, select the numeric code needed. The menus shown on the screen depend on how your supervisor profiled you.
  - 1 - All IRP ACA DV
  - 2 - Form 1094-B DV

- 3 - Form 1094-C DV
- 4 - All Scanned IRP ACA DV2

- (5) The first UW opens, and the cursor stops at the first highlighted field when the AUTO is on. Use the exhibits and the general correction procedures in this IRM to apply corrections.
- (6) If an incorrect option is selected from the IRP ACA DV Selection Menu before entering any data, press **<Ctrl>-P** post-to-close, press **<F9>** to suspend and return to the DV Selection Menu. Notify supervisor.
- (7) After entering the last field on document, if AUTO is off, press the **<F6>** key to release the document and display the next template.
- (8) Press the **<Ctrl>-P** post-to-close key combination to stop a new block from appearing once the current UW is completed.
- (9) The system returns you to the Data Validation (DV) Selection Menu when you release the last document.

3.41.267.8.2  
(01-01-2022)

#### Selecting a Specific Unit-of-Work in Data Validation (DV)

- (1) A specific **UW** of ACA IRP documents, is selected for DV by following these steps:
  - a. From the Workstation Main Menu, select the numeric code for Data Validation (DV). The Workstation Main Menu closes, and the Data Validation (DV) Selection Menu opens. The menus shown on the screen depend on how your supervisor profiled you.

**Example:** This option does not display on the menu if it is not in your profile.

- b. From the Data Validation (DV) Selection Menu, enter the numeric code for DV Select Block. The Data Validation (DV) Selection Menu closes, and the Open Block/Unit of Work window opens.
- c. Enter the 14-digit DLN from Form 1094 (series) document.
- d. Press the **<Enter>** key. The Open Block/Unit of Work window closes and the selected UW opens.
- e. The first document needing correction opens.
- f. Enter data using Exhibit 3.41.267-6, Affordable Care Act Information Return Transcription Sheets, and other exhibits, as needed, in this IRM.
- g. A suspended UW in DV requires the operator to restore the "AUTO ON" mode.

**Reminder:** If after entering the DLN, the screen goes white for a second and then returns to the menu, the block is technically worked. The system ran through all the system checks resulting in no errors.

- h. If an incorrect UW is selected from the Open Block/Unit of Work menu, press the **<Ctrl>-P** post-to-close key combination and suspend the UW. Notify your supervisor.
- (2) Use menu option IRP ACA DV2 Select Block to correct blocks exceeding threshold checks previously entered.

3.41.267.9  
(01-01-2022)  
**General Correction Procedures**

- (1) Use these procedures as a guide during the Original Entry (OE) and Data Validation (DV) functions. Not all items apply to specific situations in either function. Correction is needed to fields not highlighted if a correction made to a highlighted field creates an error. Sight verify any field with any incorrect characters. If the system stops on a field, sight verify and correct all incorrect items present in the field.
- (2) If you reach the maximum field length while entering data, the cursor, in most cases, automatically moves to the next field. Remove or correct incorrect characters inadvertently entered in the next field.
- (3) Any checkbox present on any form type requires sight verification if the system reads the box as marked.
- (4) The <Ctrl>-4 (Override key) is not enabled for field character type, tax year, or invalid date of birth (MMDDYYYY).

**Example:** Invalid dates: 01**32**1980, **13**011980, **00**011980, 0102**0080** or a date before **01011902**.

- (5) Date of Birth (DOB) fields require entry in MM, DD, YYYY format. When the taxpayer entry YY is present and the century (taxpayer intent) is determined entry the YYYY. An entry missing any of the combination “**is not**” a DOB. Do not enter any data in the field if you cannot determine all three things.
- (6) Error Messages—Messages found in the Prompt Area with information giving helpful hints to correct the error. Most error messages consist of two lines with the first line displaying the error message and the second information to help resolve the error condition.
- (7) An asterisk (\*) at the upper right-hand corner of the normal proper placement of the numerous check boxes present on the return represent the skip key stop points.

**Caution:** Taxpayer generated forms may not have the checkbox placement in the correct location. Do not mistake the skip box asterisk for taxpayer entries during OE or DV operations.

- (8) While working in OE Image or DV Image, if you cannot determine the data for any field (except the Street Address, City fields) from the image because it is illegible or the image is incomplete, suspend the UW and pull the paper document for verification.
- (9) While working in OE Image or DV Image, do not enter data marked out or crossed through by the filer. Do enter data written in or placed on the document in different font.
- (10) Press the <F11> key to view the entity information from a Form 1094-B, Transmittal of Health Coverage Information Returns, or Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, while the transmitted form is displayed for reference. It also displays the entity information from the transmitted form while a Form 1094-B, Transmittal of Health Coverage Information Returns, or Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, is displayed.



## 3.41 Optical Character Recognition Scanning Operations

- (11) In certain situations, the scanner may read a name or address or even a city without spaces or spread over the name line or address fields. If the system read the name and address correctly, leave as is.

**Note:** If the scanner reads a line correctly but placed the information in an incorrect field, move the information as scanned to the correct entry field using **<Shift>** up and down arrows. Moving an address to the correct field does not require updates to standard abbreviations.

- (12) The **<Ctrl>-<F7>** combination key function provides the operator the ability to access the last edited field or the last flagged field of the previous document.
- (13) Taxpayer identification number, social security number or employer identification number fields, presented as 1-xxx-xx-xxxx-0 or 1-xx-xxxxxx-0, or any variation thereof, is entered as xxxxxxxx, omitting the leading and ending numeric.
- (14) If detail documents (Form 1095 series) presented consecutively have the same responsible individual or employee and the same covered individuals duplicated, enter one document and void the duplicate(s).
- (15) For more information on function keys refer to the table in IRM 3.41.267.5 (3), Workstation Operations, or IRM 3.41.274, Optical Character Recognition Scanning Operations, General Instructions for Processing via Service Center Recognition/Image Processing System, Exhibit 3.41.274-1, Function Key Use and Description by Form Type.
- (16) Cross field validations occur on certain conditions and require sight validation and verification. Follow the screen prompts to allow systemic determination of the disposition of the UW. See the table below for these conditions.

Form Number	Field	Comparison Field(s)	Valid Condition	Invalid Condition(s) Requiring Sight Verification
Form 1094-C	Line 19	Part II Part III Part IV	1. L19 is blank PII, PIII and PIV is blank. 2. L19 is marked PII, PIII and PIV each has some or all data.	1. L19 is blank PII, PIII and PIV each or individually partially or fully populated. 2. L19 is marked PII, PIII and PIV is blank. 3. >sight verify
Form 1095-B and Form 1095-C Covered Individuals	SSN	DOB	1. SSN is present and no DOB is present 2. SSN is not present and a valid DOB is present 3. No SSN is present no DOB is present and no name is present	1. Partial SSN is present and no DOB is present 2. SSN is not present and an invalid DOB is present 3. No SSN is present no DOB is present and no name is present 4. >sight verify



Form Number	Field	Comparison Field(s)	Valid Condition	Invalid Condition(s) Requiring Sight Verification
Form 1095-B and Form 1095-C	All 12 months	one or more 'month' marked	All 12 months box is checked, and Jan through Dec boxes have no checks	All 12 months box is checked and one or more of Jan through Dec boxes have a check >sight verify
Form 1095-B	Page 3 SSN and/or DOB	Page 1 Line 2 and/or Line 3	Entries match data capture continues	Entry mismatch Page 3 is dropped >sight verify
Form 1095-C Tax Year 2019	Page 3 Employee SSN	Page 1 Line 2	Entries match data capture continues	Entry mismatch Page 3 is dropped >sight verify

- (17) The system performs threshold validations and places documents in DV2 when 50 percent or more of the SSNs and/or DOBs in the UW appear missing or invalid. This condition requires sight validation and verification. Turn the AUTO off and arrow back to column A under covered individuals to correct erroneously entered name field data. Follow the screen prompts to allow systemic determination of the disposition of the UW. See threshold reason codes at IRM 3.41.267.12.9 (4).

**Note:** A pop-up notification appears at the beginning of the block, "This submission does not meet threshold validation criteria: Invalid SSN and DOB. It deletes after DV unless the field data is modified." Press "OK" and proceed with sight verification.

## 3.41.267.9.1 (01-01-2019) Name and Address Block Reader (NABR)

- (1) Name and Address Block Reader is referred to as NABR. NABR is used to improve the accuracy of addresses captured by the scanner from IRP documents. The NABR accomplishes this improvement by comparing the address captured by the scanner with a database of addresses used by the United States Postal Service. SCRIPS uses NABR to run addresses through a Postal Database.
- (2) When validating a NABR change, ensure the system read the correct ZIP Code. Correct the data to match the image if the city and state do not match the image and a correct ZIP Code is not present in the data field.
- (3) The system prompts an operator to "Please verify" the following conditions:
  - State is determined by the system from the city present
  - State is determined from the ZIP Code present
  - City is updated by the system to a phonetic match
  - City is determined from ZIP Code
  - Acceptable city name used

**Note:** NABR does not appear in the bottom right-hand corner in the conditions listed above.

## 3.41 Optical Character Recognition Scanning Operations

3.41.267.9.2  
(01-01-2022)  
**Name Entry**

- (1) Enter the information as shown on the document, in the provided name line or the first, middle initial, and last name/full name except as instructed below:
  - a. If the filer has submitted the same name twice on a form, enter it only once.
  - b. Space for a period.
  - c. Never enter two consecutive spaces.
  - d. If during sight verification a correction is made, or if in OE, enter the first name first and last name last.
  - e. Space within a true last name where shown.
  - f. Omit apostrophe (') if shown in name line. Do not space for an apostrophe.
  - g. Omit slash (/) if shown in name line. Space for a slash.
  - h. Enter a hyphen (-) where shown. Do not space before or after the hyphen.
  - i. Enter numerics present in the name line.
  - j. Enter ampersand "&" when present in the Form 1094 series name line or the Form 1095 series last name/full name line.
  - k. Data normally entered on Name line 2, such as; doing business as (DBA), in care of (C/O) or %, or also known as (AKA) is entered/placed behind the business name if a correction requires your intervention.

**Note:** Do not enter %, DBA or AKA. If scanner reads DBA or TA (Trust Agreement) correctly and no other correction is needed, leave as is.

- l. Omit the designation only such as Trust Agreement (TA), DBA, AKA, Owner, Proprietor when entering data.

**Note:** Do not enter DBA or TA. If scanner reads DBA or TA correctly and no other correction is needed, leave as is.  
Do not enter the designations or data for: Formerly known as (FKA), formerly DBA or any data after these designations.

- (2) Separate the name entered on the form to the first name, middle initial, and last name fields if able to determine the data when the filer does not place the names in the proper fields. Official forms have specific areas for first name, middle initial, and last name. If you cannot determine place the entire name present in the last name field.
- (3) Do not enter "No Middle Initial" (NMI), "No Middle Name" (NMN), or "No Last Name."
- (4) Always enter suffixes Jr., Sr., or Minor after the last name in the last name field. Omit suffixes such as MD, TP, and SP.
- (5) If only a single name appears consider it the last name and enter it in the last name field.

3.41.267.9.3  
(01-01-2018)  
**Address Elements**

- (1) Enter the information exactly as shown on the document except as instructed below or when the NABR has perfected the address. See IRM 3.41.267.9.1, Name and Address Block Reader (NABR):
  - a. Do not enter periods in the address field. However, acceptable punctuation such as slash (/) and hyphen (-) may be entered. If a period is present between two numbers enter a space for the period.

- b. If an ampersand (&) is present in the street address enter as **AND**.
- c. If an apostrophe (') is present omit the apostrophe and do not leave a space for the apostrophe.
- d. If perfecting only part of the address, such as the state or ZIP Code do not go back to the street address to abbreviate or correct characters if the scanner picked up the street address as present on the document.

**Exception:** If the name of the street is a direction, the direction is spelled out. Do not abbreviate street names.

**Example:** 123 North Street is entered as 123 NORTH ST.

- e. If a document has a street address and a PO Box, enter both on the address line with the PO Box or (\*) entered first. If the combination is too long, enter only the PO Box. Also, use abbreviations as necessary to limit this entry to 35 positions. Enter as much of the street address with abbreviations as possible.
- f. When two street addresses with the same city and ZIP appear, enter the first street address. If two addresses appear, including a PO Box and an address, with different city and ZIP Code, enter the first in the address, city, state and ZIP Code fields.
- g. Omit **"No, No., Num, #, or Number"** if it appears as a prefix to a house, apartment, Route, or PO Box number.
- h. If North, South, East or West is shown as part of the city name, use the standard abbreviation (such as N=North, S=South, etc.). **NEVER** use a Major City Code and the standard abbreviation together.

**Example:** West Miami enter as W MIAMI, not W MF.

- i. If the city has numerics, enter as alphas.

**Example:** 29 Palms enter as TWENTY NINE PALMS.

- j. Abbreviate only the last designation present if multiple street designations appear.

**Example:** 1234 Circle Road Drive is entered as: 1234 CIRCLE ROAD DR

- k. If correcting or transcribing an address field add ST, ND, RD or TH to a numbered street when there is a street designation such as Road or Street.

**Note:** 102 S. 38 Road is entered as 102 S 38TH RD

- l. If the street address is not determined or is blank, enter **"Z"** in the Address field. If the city is not determined or is blank, enter **"ZZZ"** in the City field and leave the State and ZIP Code fields blank.
- m. Enter standard abbreviations for states and territories as shown in Exhibit 3.41.267-2, States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by State, and Exhibit 3.41.267-3, States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by ZIP Code.
- n. If there is no state, but a ZIP Code is present, enter the ZIP Code as shown and press **<Enter>**. This generates the state code for this ZIP Code in the prompt area. Follow the screen prompt to accept this code or to enter a different code.
- o. If there is no ZIP Code (or the ZIP Code is less than or more than five digits) but a state is present, press the **<Enter>** key in the ZIP Code field. The system generates the default ZIP Code for this state.

**Note:** DO NOT generate the default ZIP Code without first entering the ZIP Code “if” present on the form.

- p. If the system finds the ZIP Code entered and present on the form does not match the state code present, the system asks, “Is this a foreign address?” If the answer is “Yes” the system continues by presenting fields for a foreign address entry, Province (17 characters), Foreign postal code (35 characters). If the answer is “No” the system corrects the ZIP Code upon pressing <Enter>.

**Note:** DO NOT generate the default ZIP Code without first entering the ZIP Code present on the form.

- q. Enter foreign street addresses in the street Address field, foreign city in the City field, foreign province in the State/Province field, and country and foreign postal code in the ZIP/Foreign Postal Code field. Use abbreviations as necessary to limit this entry to 35 positions.
- r. Enter Army Post Office (APO), Diplomatic Post Office (DPO) and Fleet Post Office (FPO) addresses with the proper two-character state code followed by the corresponding unique five-digit ZIP Code.
- s. When an APO, DPO or FPO is used, do not enter any other data in the City field.
- t. If the ZIP Code is out of range on APO, DPO or FPO addresses, enter 34001 for Miami, 09001 for New York and 96201 for San Francisco or Seattle.
- u. When APO, DPO or FPO is put in the City field, the state code field must correspond with the tables below.

Valid Zone Improvement Plan (ZIP) Code for APO, DPO and FPO

State Code	ZIP Code Range	Geographic Location
AA	340	Americas
AE	090-098	Europe
AP	962-966	Pacific

Example:

EXAMPLE:	ENTER AS:
APO New York, NY 091XX	APO AE 091XX
FPO San Francisco, CA 962XX	FPO AP 962XX

3.41.267.9.4  
(02-19-2016)  
Transmittal Taxpayer  
Identification Number  
(TIN)

- (1) Each transmittal Form 1094 (series) return must have a complete nine-digit (numeric) employer identification number (EIN) present as a processable UW.
- (2) If the EIN is a single repeating digit such as 111111111, 222222222, etc., or sequential 123456789 then the submission is considered unprocessable.
- (3) If no EIN is present and an SSN format is present suspend the UW. The format for EIN is NN-NNNNNN and the format for SSN is NNN-NN-NNNN.

- (4) If the TIN/EIN is missing, illegible, or has more than or less than nine-digits on Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, and it is found on the first detail document or determined enter the EIN from the first detail document (Line 8) in the field.

**Reminder:** You cannot secure the filers EIN for Form 1094-B, Transmittal of Health Coverage Information Returns, from the details Form 1095-B, Health Coverage.

- (5) If the complete EIN for a transmittal is not found on the return submission delete the UW by placing nine zeros (000000000) in the EIN field.

3.41.267.9.5  
(04-23-2018)

## Money Amount Fields

- (1) Money fields consist of dollars only.
- (2) Enter money amounts as follows:
  - a. If a dollar amount is present and no cents, enter dollar amount.
  - b. If a dollars and cents amount is present, enter the dollars only.

**Note:** Do not round the dollars up or down based on cents if present.

  - c. If a dollar amount is present and it is followed by a line, dash or hyphen, enter the dollar amount.
  - d. If a dollar amount is present and the cents is lined through, enter dollar amount.
  - e. If a dollar amount of 0 or 00 is present enter a single 0.
  - f. If money amount is a **negative** zero (e.g., -00, -0.00, -00.00, etc.), remove it. Press **<F3>** to clear the field, and then press the space bar then **<Enter>**.
- (3) Do not enter negative amounts (identified with a minus (-) before the amount or the amount is within brackets).
- (4) If two or more money amounts appear on the same line, press **<F3>** to clear the field and then enter the first dollar amount present.
- (5) If the money amount is illegible, suspend the UW as "Poor Quality Image" (**<F9>**; press **"S"**; select "Poor Quality Image").
- (6) If after suspending for "Poor Quality Image" you still cannot determine the correct money amount from the physical document, press **<F3>** to clear the field and then press the space bar then **<Enter>**.
- (7) If a code or other non-monetary entry is present in a monetary field press **<F3>** to clear the field, then press the space bar followed by **<Enter>**.

3.41.267.9.6  
(01-01-2017)

## Deleting a Unit-of-Work or Submission

- (1) To delete a filer's entire submission (or UW, or transmittal), enter nine zeros in the EIN (Line 2) or **"00"** in the tax year of the Form 1094 (series) return.
- (2) Pull and send the deleted Form 1094 (series) and all the associated detail documents back to the IRP Sort function. Deleting a submission is usually a procedure used by a manager or work leader.
- (3) Always delete a submission if:

## 3.41 Optical Character Recognition Scanning Operations

- The detail document Form 1095-C, Employer-Provided Health Insurance Offer and Coverage, line 7 and 8, Applicable Large Employer Member (Employer), does not match the employer present on Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns.
- The filer changed box titles.
- The tax year is not clear.
- The tax year of the transmittal and all the detail documents do not match.
- The tax year is invalid including future tax years.
- The incorrect detail document type is selected during “FI.”
- The Form 1094 (series) return is missing either the name (Line 1) or EIN (Line 2) of the filer or employer.

**Exception:** On Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, if Line 1-2 is blank and Line 9-10 is not blank, SCRIPS moves the Line 9-10 entity data to Line 1-2 entity data systemically after operator verification of the data fields.

- The Form 1094 (series) return first four characters of the filer or employer name is illegible and is not retrievable within the submission.

3.41.267.9.7  
(01-01-2022)

### Voiding a Supporting Detail Document

(1) A supporting detail document is a Form 1095 (series) only.

(2) Void an individual detail Form 1095 (series) document if:

- The void box on the top of the form is marked.
- The form is crossed out or the word VOID is written over or across it.

**Note:** The void box marked by the filer or employer makes all data on the form invalid.

- The void box and corrected box both appear checked.
- The only data on the document (detail) present is the Part I entity data **AND** the detail is not marked corrected (the CORRECTED box is not marked).
- The form is a summary record in the submission.

**Example:** The form is marked by the filer as a “summary, total, or subtotal” form.

- The form is blank.
- Detail documents (Form 1095 series) presented consecutively with the same responsible individual or employee and the same covered individuals duplicated, enter one document and VOID the duplicate(s).
- The printed physical form is missing data due to improper printing of the form by the taxpayer.
- One or two Form 1095-C documents have a different employer than the rest of the documents.
- You can determine several Form 1095-C documents do not belong in the submission.

(3) DO NOT void a document (detail) if the system misread and placed an “X” in either the void or corrected boxes when one is not present on the document.



3.41.267.10  
(01-01-2018)  
**Re-Imaging Form 1094  
Series Returns**

- (1) The <F12> key allows you to flag or mark a Form 1094 (series) return to go to Image Only processing.
- (2) Perform Re-image (Image only) processing when the true and complete image is not clear or complete.
- (3) Re-image the return if any page of the return has processable taxpayer entries and the following exist:
  - Skewed, folded or otherwise unreadable
  - Scanned in backwards

3.41.267.11  
(01-01-2018)  
**Form 1094 Series Image  
Only Processing**

- (1) SCRIPS scanning function for image only processing and archiving is done for submissions processed for re-imaging (the <F12> key is used) or processed using OE paper. Only a true and complete image is taken for this purpose. To allow for retrieval of the image in the future, the DLN is key entered with each image. The menus shown on the screen depend on how your supervisor profiled you.

**Example:** This option is not present on the Data Validation Function Menu if it is not in your profile.

3.41.267.11.1  
(01-01-2022)  
**Form 1094 Image Only**

- (1) From the Workstation Main Menu, select Data Validation (DV).
- (2) From the Data Validation (DV) Selection Menu, select IRP ACA Form 1094 Image Only.

- (3) A Form 1094 Image Only block opens with up to 100 records/returns.

**Note:** 100 records or returns equal more than 100 images due to multiple page records/returns.

- (4) If an image is not recognized by the scanner, a window opens allowing you to identify the image and page of each image of Form 1094-B, Transmittal of Health Coverage Information Returns, or Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns. You can remove a single image or entire block from further processing. The window offers the options below:

**DV Image Only Selection**

Screen Selection	Form/Page/ (Form ID)
A	Form 1094-B pg. 1 (110116)
B	Form 1094-C pg. 1 (120118)
C	Form 1094-C pg. 2 (120218)
D	Form 1094-C pg. 3 (120316)

Screen Selection	Form/Page/ (Form ID)
X	Remove

- a. If the image is not either form type/page number, then press **<F12>** to remove the document from further processing.
- b. Press **<Ctrl>-<Shift>-<Delete>** or **<Ctrl>-<Shift>-<Del>** key combination to remove the entire block.
- c. If the image is identified as a Form 1094 series form type page 1 then the DLN is entered. If the document is removed or not a page 1, a DLN is not assigned or entered.

- (5) If the record/return is the same block number, only the two-digit sequence number is entered. If the block number changes, then enter the 14-digit DLN.
- (6) Whenever a 14-digit DLN is entered, the DLN is validated by requiring you to enter it twice. Each component of the DLN (i.e., the File Location Code, Tax Class, Document (Doc) Code, Julian Date, Blocking Series, Sequence Number and Year Digit) undergoes validation. Any invalid component generates an error message explaining the error.

3.41.267.12  
(01-01-2020)

**Supervisor Section  
Affordable Care Act  
Return Program Reports**

- (1) The following is a listing of the Affordable Care Act information return reports available on SCRIPS:

- IRM 3.41.267.12.1, Document Locator Number (DLN) Output Report
- IRM 3.41.267.12.2, Assigned Document Locator Number (DLN) Report
- IRM 3.41.267.12.3, Cumulative Document Locator Number (DLN) Assignment Report
- IRM 3.41.267.12.4, Workflow Status Report
- IRM 3.41.267.12.5, Override Report
- IRM 3.41.267.12.6, Inventory Report
- IRM 3.41.267.12.7, Production Report
- IRM 3.41.267.12.8, Run Balancing Report
- IRM 3.41.267.12.9, Pull Unit of Work (Submission) Report
- IRM 3.41.267.12.10, Throughput Statistics Report
- IRM 3.41.267.12.11, Workstation Operator Statistics - Program and Function Summary Report

- (2) The following subsections have the content found on the report.

3.41.267.12.1  
(01-01-2016)

**Document Locator  
Number (DLN) Output  
Report**

- (1) The title of the report is IRP ACA DLN Output Report (IPS01118).
- (2) The report reflects the entire production for the site for a given time frame.
- (3) The report has the following:
  - a. Service Center
  - b. Run Date
  - c. Page number
  - d. Program number
  - e. DLNs and a notation if it is a transmittal DLN or detail DLN
  - f. File Location Code (FLC), Tax Class and Document Code (TAX/DOC), Julian date, Block number and Volume



- |   |  |
|---|--|
| <p>3.41.267.12.2<br/>(01-01-2016)<br/><b>Assigned Document<br/>Locator Number Report</b></p>                        | <ul style="list-style-type: none"> <li>(1) The title of the report is IRP ACA Assigned DLN Report (IPS03339).</li> <li>(2) The report reflects production for the individual scanner for a given time frame.</li> <li>(3) The report has the following:               <ul style="list-style-type: none"> <li>a. Program number</li> <li>b. Run Date and Time</li> <li>c. Scanner Job ID</li> <li>d. Start Time</li> <li>e. End Time</li> <li>f. DLNs and a notation if it is a transmittal DLN or detail DLN</li> <li>g. File Location Code (FLC), Tax Class and Document Code (TAX/DOC), Julian date, Block number and Volume</li> <li>h. The summary page for the scan job by document code and form type</li> </ul> </li> </ul> |
| <p>3.41.267.12.3<br/>(05-03-2017)<br/><b>Cumulative Document<br/>Locator Number (DLN)<br/>Assignment Report</b></p> | <ul style="list-style-type: none"> <li>(1) The title of the report is IRP ACA Cumulative DLN Assignment Report (IPS11110).</li> <li>(2) The report reflects the total number of DLN assignments by form type and form page time frame.</li> <li>(3) The report has the following:               <ul style="list-style-type: none"> <li>a. Doc Code - Document Code<br/>Four-digits, digit one and two is the document code<br/>Digits three and four represent the page number</li> <li>b. Form<br/>Form number followed by page number (P1, P2, P3, etc.)</li> <li>c. Volume</li> <li>d. Total</li> <li>e. End Time</li> </ul> </li> </ul>  |
| <p>3.41.267.12.4<br/>(01-01-2020)<br/><b>Workflow Status</b></p>  | <ul style="list-style-type: none"> <li>(1) The title of the report is Workflow Status (IPS0698).</li> <li>(2) This report lists the task/sub-task number, the sub-task description, blocks at the sub-task, total documents for the block, and documents ready for the sub-task. This report also has percentages for system capacity used under the following three categories: General, IRP, and IRP/ACA/K1/941/940/Stand-Alone.</li> <li>(3) This report is used to monitor documents and system capacity throughout each workday.</li> </ul>   |
| <p>3.41.267.12.5<br/>(01-01-2018)<br/><b>Override Report</b></p>  | <ul style="list-style-type: none"> <li>(1) The title of the report is IRP ACA Override Report (IPS11100).</li> <li>(2) The report reflects the total count of override keystrokes for a given time frame.</li> <li>(3) The report has the following:               <ul style="list-style-type: none"> <li>a. Function Code</li> <li>b. Doc Code - Document Code<br/>two-digit number</li> </ul> </li> </ul>  |

- c. Field Number
- d. Field Description
- e. Override Count
- f. End Time

3.41.267.12.6  
(01-01-2016)  
**Inventory Report**

- (1) The title of the report is Inventory Report (IPS03350).
- (2) The report reflects inventory for a given time frame reflecting the carry over form volume on SCRIPS.
- (3) The report has the following:
  - a. Initial Inventory
  - b. Process Date
  - c. Returns Input
  - d. Returns Deleted
  - e. Returns Output
  - f. Carry Over Inventory
  - g. End Time

3.41.267.12.7  
(02-19-2020)  
**Production Report**

- (1) The title of the report is IRP ACA Production Report (IPS11120).
- (2) The report reflects the following scanned volumes and year to date output totals.
- (3) The report has the following:
  - a. Service Center
  - b. Run Date and Clock Time
  - c. Page number
  - d. Scanned volumes by document code and form type for today, subtotals and totals
  - e. Output volumes by document code and form type and deletes for year to date along with cumulative, subtotals and totals
  - f. Status summary for all functions for today/current and year to date cumulative
- (4) This report records ACA IRP production though the processing year and, as possible, daily activity and aids in validating production volume. Use this report for analyzing production reports for accuracy.
- (5) Site staff generates the IRP ACA Production Report late Friday or early Monday weekly and e-mails it by close of business Monday (or first workday of the work week) to National Office at \*IT SCRIPS PO every week.

3.41.267.12.8  
(02-19-2016)  
**Run Balancing Report**

- (1) The title of the report is IRP ACA Run Balancing Report (IPS01119).
- (2) The report reflects the entire production for the site for a given date.
- (3) The report has the following:
  - a. Service Center
  - b. Run Date
  - c. Page number
  - d. FTP File ID number

- e. The file name (i.e., OCR1010B for forms in the B series and OCR1010C for forms in the C series)

3.41.267.12.9  
(01-01-2025)

**Pull Unit of Work  
(Submission) Report**

- (1) The title of the report is IRP ACA Pull Document/Submission Report (IPS00812).
- (2) The report lists submissions and documents to pull (or counted as deleted) for a date range.
- (3) The report has the following:
  - a. Service Center
  - b. Run Date and clock time
  - c. Page# - Number
  - d. Block#
  - e. Doc DLN/Seq# - Document DLN Sequence number
  - f. App - Application FI, OE or DV
  - g. SEID - Standard Employee Identification

**Note:** An SEID of 000000 represents the SCRIPS system and creates the action based on programming and or specific responses to questions posed to the clerk.

  - h. Date/Time
  - i. Reason

- (4) The reason is one of the following pull document report codes:

**Reminder:** See IRM 3.41.267.4.2, Unprocessable Unit-of-Work Disposition, to determine the disposition of the UWs and documents pulled. Most of the pull report work requires forwarding to IRP Sort for correspondence as unprocessable documents. Tag each condition prior to forwarding to IRP Sort.

Report Reason	Condition
SINGLE ORIGINAL Form 1094-C	Stand-alone Original Form 1094-C
CONSECUTIVE PARENT	Two consecutive Form 1094-X
MISSING PARENT NAME	Name missing from Form 1094-B (Line 1) or Form 1094-C (Line 1 and Line 9) transmittal return
MISSING PARENT EIN	Missing valid nine-digit EIN on Form 1094 series return
MIXED SUBMISSION	Mixed form types <b>Example:</b> Marked "Remove" in FI.
INVALID TAX YEAR	Invalid Tax Year
PULL IMAGE ONLY	Marked "Remove" in Image Only <b>Note:</b> Requires rescanning.

Report Reason	Condition
PULL	<F12> is pressed to remove document in OE/DV
PULL STANDALONE Form 1094-B	Stand-alone Form 1094-B
PULL IMAGE ONLY - NO DLN	<F12> is pressed in Image Only on recognized document <b>Note:</b> Requires rescanning.
DEL UW - INVALID SSN/INVALID DOB	Threshold: Form 1095-B – Line 2/Line 3
DEL UW - INVALID DOB	Threshold: Form 1095-B – Line 3
DEL UW - INVALID ORIGIN OF POLICY	Threshold: Form 1095-B – Line 8
DEL UW - INVALID EINS	Threshold: Form 1095-B – Line 11
DEL UW - INVALID SSN/INVALID DOB	Threshold: Form 1095-B – Line 23(b)-40(b) SSN/DOB
DEL UW - INVALID DOB	Threshold: Form 1095-B – Line 23(c)-40(c) DOB
DEL UW - INVALID MONTH COMBO	Threshold: Form 1095-B – Line 23(d)-40(d) Months Covered
DEL UW - INVALID NAME	Threshold: Form 1094-C – Line 1
DEL UW - INVALID MISSING NAME/SSN	Threshold: Form 1095-C – Line 1/Line 2
DEL UW - INVALID SSNS	Threshold: Form 1095-C – Line 2
INVALID PLAN MONTH	Threshold: Form 1095-C – Plan Month
DEL UW - INVALID SSN/INVALID DOB	Threshold: Form 1095-C Tax Year ≥ 2021 = Line 18-30(b)-Line 18-30(c)
DEL UW - INVALID DOB	Threshold: Form 1095-C Tax Year ≥ 2021 = Line 18-30(c)

- (5) Physically pull only documents on the Pull Document Report for correspondence, Re-imaging or routing to some other function for action. Do not physically pull the following:
- Blank pages
  - Instruction pages
  - Duplicate pages deleted by clerks
  - Extraneous pages sent by the filer when the UW is sent to output successfully

3.41.267.12.10  
(05-03-2017)  
**Throughput Statistics Report**

- (1) The title of the report is Throughput Statistics Report (IPS06440).
- (2) The report reflects processing function productions for a given date range.
- (3) The report rows reflect the following process functions: Scandriver, Transport/ Sync, OE Crossover, Form Identification, Block Verification, OE Image, OE Paper, Program Validation, Data Validation, QR Summarization, Block Output, Image Archive, Backup Image Archive and Block Purge.
- (4) The report has the following:

- a. Service Center
- b. From and to date range and clock time
- c. Run Date and clock time
- d. Page Number
- e. Processing Function
- f. Total Blocks
- g. Total Documents
- h. Process Time
- i. Documents Per Hour

3.41.267.12.11  
(05-03-2017)

## **Workstation Operator Statistics Program and Function Summary Report**

- (1) The title of the report is Workstation Operator Statistics Program and Function Summary Report (IPS00803).
- (2) The report displays the number of documents processed in each function for a given date range.
- (3) Process function listed on the report rows: 460, 470, 480, 47X, and 48X.
- (4) The report has the following:
  - a. Service Center
  - b. From and to date range
  - c. Run Date and clock time
  - d. Page Number
  - e. Function Code
  - f. Program Number
  - g. Number of Documents
  - h. Process Time
  - i. Total Keystrokes
  - j. Keystrokes Per Hour
  - k. Documents Per Hour
  - l. Summary by Programs

3.41.267.13  
(01-01-2018)

## **Block Status Window**

- (1) The Block Status window shows a more detailed status of the blocks/UWs in the search criteria data entered in the Block Search Criteria window.
- (2) A change of operational parameters of blocks/UWs is completed in the Block Status window. Depending on the parameter, a change to the parameter for individual blocks/UWs or multiple blocks/UWs is completed at the same time.
  - 1. Press the **<Alt>-A** key combination for selection of all blocks eligible for selection. This excludes blocks in a status of "DELETE" or "DONE." The result is a check symbol mark on selected blocks in the Block Selected for Update column.
  - 2. Press the **<Alt>-A** key combination again to deselect all blocks if you choose to not perform updates on the selected blocks.
  - 3. Press the **<Alt>-X** key combination if you choose to cancel the blocks selected and close the Block Status window.
- (3) Block status monitoring (IPS0697) window shows a more detailed status of the blocks/UWs.

## 3.41 Optical Character Recognition Scanning Operations

3.41.267.13.1  
(01-29-2019)

### Output Verification Audit

- (1) An output verification process ran on all UWs prior to output systemically suspends any UW with invalid conditions in the UW, after DV.
- (2) Report UWs with invalid conditions appearing on the Block Status Monitoring window (IPS0697) to System Administrators (SA) for researched by the contractor.
- (3) A separate ticket is opened for each unique eleven or fourteen-digit DLN present on the report.
- (4) The reason is one of the following pull document report codes:

Reason Code	Status	Output Verification Audit/ Description
DUPDLN	SUSPND	Duplicate DLN across a block (11-digit DLN) the block is previously output and therefore is a duplicate DLN
BADDLN	SUSPND	DLN is not 14 characters in length not numeric or where characters four or five not valid document code
BADDOC	SUSPND	The block/UW has one or more documents not properly completed in the sub-task. document status between one and 699 (700 is "normal")
BADTIN	SUSPND	TIN not nine characters in length not numeric
BADUW	SUSPND	Stand-alone Form 1094-B submission stand-alone Form 1094-C submission, original (not corrected) submission with no valid (non-deleted) documents
BADDAT	SUSPND	Form 1095-X document with a valid status and VOID box checked Form 1094-B with no filer name, box 1 (a required field) question marks on a non-voided document in any field with any documents with a field equaling a status > 10 (not perfected) on a non-voided document
	DELETE	Form 1094-C with no Applicable Large Employer (ALE) member name, box 1 (a required field)

3.41.267.14  
(01-01-2019)

### Purging Documents

- (1) Purge from SCRIPS the files including the document images, American Standard Code for Information Interchange (ASCII data), and statistical information once the blocks/UWs of documents process through SCRIPS and reach "accepted" by down-stream processing, and the transmittals have moved to archive.

**Note:** Accepted means the output files and "the returns in those files" clear all error conditions.

- (2) It is recommended a system purge occur a minimum of two weeks after the output date.

- (3) Purge only those blocks/UWs available for purge. The system keeps track of blocks/UWs available for purge and only allows you to purge those blocks/UWs. SCRIPS does not allow any blocks waiting for Quality Review (QR) Block Summarization or flagged for Quality Review to purge.

- (4) Do not purge files for reports before six weeks.

**Exception:** Reports allow deletion after seven working days however six weeks is the preference.

- (5) A deleted document and/or block/UW is removed from the system when the form type is purged. The remainder of the form types on SCRIPS operate in the same manner.

**Example:** Information return document (UW) is removed when an information return block purge is performed.

- (6) A purge for the form type is initiated and activated before removal of deleted documents/blocks/UWs from the system. If you open a purge window but do not select any blocks for purge, the deleted documents/blocks/UWs do not leave the system. Until the deletion is properly done documents/blocks/UWs remain on the system.
- (7) Retained for 30 days after data is verified as converted to tape per Document 12990, Records and Information Management Records Control Schedules, Record Control Schedule (RCS) 29, item 85, Information Returns, the physical documents (UWs scanned in the SCRIPS area). If systemic issues exist for downstream systems a longer period is enforced by headquarters staff.

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## Exhibit 3.41.267-1 (01-01-2022)

### Terms/Acronyms/Definitions

TERM/ACRONYM	DEFINITION
ACA IRP ACA-IRP ACA IRP IRP-ACA	Affordable Care Act form types in the Form 1094 (series) or Form 1095 (series) of returns. <b>Reminder:</b> These instructions cover only form types listed in IRM 3.41.267.2.1, Sources Documents.
ALE	Applicable Large Employer employs 50 or more full-time equivalent employees alone, is the controlling group entity or common owner of multiple business entities with employees as defined under aggregation rules.
ALE Member	Applicable Large Employer Member is part of a group business entity and employs 50 or more full-time equivalent employees.
Alpha Character	A character (letter) of the alphabet.
Alphanumeric Field	A field with both alpha and numeric characters.
APO	Army Post Office.
Application	Refers to the system used for form type processed (i.e., IRP, ACA-IRP, Schedule K-1s, Form 940, Form 941, Stand-alone Schedule Rs).
ASCII	American Standard Code for Information Interchange, is the most common character encoding format for text data in computers and on the internet.
Block DLN	The first 11-digits of 14-digit document locator number (DLN) consisting of a two-digit file location code, tax class, (tax class is always "5" for ACA IRP), two-digit document type, three-digit Julian day, three-digit block number. Also see DLN.
Capture	The process of obtaining images of a document for character recognition and operator use.
Character	Any symbol or alpha (special or numeric) representing information.
Character Recognition	The process of converting information from paper images to digital data form.
Corrected Document	A return with the corrected box marked or a filer notation such as the word amended or corrected notated on the return.
Cursor	A vertical line showing the position where the next entry is keyed.
Data Fields	Those fields other than entity fields on all documents listed such as: money amounts, dates, indicators, covered individuals, etc.
Detail Document	Every Form 1095 (series) also referred to as supporting return or document or a child return.
DLN (Document Locator Number)	A 14-digit document locator number consisting of a two-digit file location code, tax class, (tax class is always "5" for ACA IRP), two-digit document type, three-digit Julian day, three-digit block number, two-digit sequence number and a year digit. Also see Block DLN.

## Exhibit 3.41.267-1 (Cont. 1) (01-01-2022)

## Terms/Acronyms/Definitions

TERM/ACRONYM	DEFINITION
DOB (Date of Birth)	A date consisting of a month, day and year combination. <b>Caution:</b> Any of the three missing means the remaining combination <b>is not</b> a DOB. Do not enter anything in the field without all three things present or determined.
Document Code (Doc Code)	The fourth and fifth position of each DLN identifying the type of return the electronic data record has captured. The following is the document code - form number and form title for ACA-IRP. <ul style="list-style-type: none"> <li>• 11 - Form 1094-B, Transmittal of Health Coverage Information Returns</li> <li>• 12 - Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns</li> <li>• 56 - Form 1095-B, Health Coverage</li> <li>• 60 - Form 1095-C, Employer-Provided Health Insurance Offer and Coverage</li> </ul>
DPO	Diplomatic Post Office.
EIN	An employer identification number (a nine-digit number) typically identifies an entity such as a corporation, a trust, a nonprofit association, or a sole proprietor whose module resides on the business master file. Usually in NN-NNNNNN format.
Employee	A recipient listed in Part I of Form 1095-C, Employer-Provided Health Insurance Offer and Coverage, issued by their employer (ALE).
Entity/Entity Fields	The part of the document where the TIN, name, and requests an address present for the entries.
Field	Specific area provided for data entry.
Filer	The entity listed on the transmitting Form 1094 (series) always a business entity with a corresponding employer identification number (EIN) or the employer.
Flag	A question mark used to designate an unrecognizable character, or an error within a field. <F12> also flags a Form 1094 series for re-image.
File Location Code (FLC)	A two-digit number designed to represent the Service Center where processing action occurs. The action is a transaction representing a return filing or subsequent compliance action.
Form Identification Number (Form ID)	A six-digit number located at the top right of each page of a SCRIPS ACA IRP document. <ul style="list-style-type: none"> <li>• First two-digits = Document Code</li> <li>• Third and fourth digit = Page number of the return</li> <li>• Fifth and sixth number = Year the template (layout or landscape placement) is last updated/changed</li> </ul>
FPO	Fleet Post Office.
Function Keys	The upper row of keys on the SCRIPS keyboard. The function keys <F1> through <F12>.

Exhibit 3.41.267-1 (Cont. 2) (01-01-2022)

Terms/Acronyms/Definitions

TERM/ACRONYM	DEFINITION
Highlighting	A three-dimensional shadowing of a template field used to direct attention to the field. Used in OE to show the current cursor position. Used in DV to show the current cursor position, and the current field with the error. The <Ctrl>-5 function key highlights the corresponding field on the image template.
Image Strip	A section of the true and complete image magnified and displayed above the template. The image strip displayed is a magnified version of the corresponding field highlighted on the image. Pressing <Ctrl>-3 toggles the image strip on and off. <b>Reminder:</b> The Image Strip will not display if the form required Form Identification (FI) during scanning.
Key Combination	Keystroke commands requiring two or more simultaneous key presses. <b>Example:</b> Press <Ctrl>-P or post-to-close means to press and hold the <Ctrl> key and then press the <P> key before releasing the <Ctrl> key.
Menu	A list of operations/options the workstation operator selects.
Message Window	A window appearing within the main window. It usually appears in the center of the screen. The system uses these windows to relay messages to the operator.
NABR	Name and Address Block Reader compares the address captured from the scanner and the United States Postal Service database of addresses.
Non-Conforming Form	A form the scanner cannot recognize.
Numeric Character	A number ranging from 0 to 9. A digit.
Original Document	A return without a corrected box marked, amended or corrected notated by the filer on the return.
Prompt	A message or statement displayed requiring an operator response.
Recipient	The individual taxpayer listed in Part I of the Form 1095 (series) return who is the employee or responsible individual.
Responsible Individual	The entity listed in Part 1 of Form 1095-B, Health Coverage, who is the holder, controller or owner of the insurance policy.
SA Form 1094C	Stand-alone Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, with no details. See IRM 3.41.267.2.1 (1), Source Documents, for more information.
Sequence Number/ Serial Number (SN)	A two-digit number located at positions 12 and 13 within the DLN and uniquely identifies the document.

**Exhibit 3.41.267-1 (Cont. 3) (01-01-2022)****Terms/Acronyms/Definitions**

<b>TERM/ACRONYM</b>	<b>DEFINITION</b>
Sight-Verify	Examine a highlighted field in DV. If correct, release the field. If incorrect, correct the field. Also, called verify.
Social Security Number (SSN)	A nine-digit number issued to an individual by the Social Security Administration. The IRS uses this number to process tax documents and returns. Usually in NNN-NN-NNNN format.
Special Characters (symbols)	*, &, /, -, %, #, ?, etc. <b>Note:</b> Ampersand "&" is not considered a special character in the name line entry.
Status Line	A strip of information found along the bottom right side of the main working window below the prompt area. This shows the program number, DLN/SN, document count, and AUTO, Insert and Numeric indicators.
Submission	A Form 1094 (series) return with associated detail documents, Form 1095 (series), or a SA Form 1094C. Also, called a unit of work (UW).
Template	A window with fields for data entry. The template mirrors the actual form layout, to the fullest extent possible.
TIN	Taxpayer Identification Number. Either an EIN or an SSN.
Transmittal (Parent document) (Parent return)	A Form 1094-B, Transmittal of Health Coverage Information Returns, or Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, filed with the IRS.
True and Complete Image	The image the system displays for data entry or validation purposes. If available, the system always displays it on the left half of the monitor screen.
Unit-of-Work (UW)	A group of ACA IRP documents with one Form 1094 (series) transmittal and corresponding Form 1095 (series) returns or one SA Form 1094C as defined. SCRIPS controls a unit-of-work by the Form 1094 (series) 14-digit DLN.
YYTY	The tax year processed normally current year minus one.
YYPY	The current processing year normally the current year. Term used to eliminate dates on form prompts changing each year.

# Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System 3.41.267

page 41

## Exhibit 3.41.267-2 (01-01-2018)

### States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by State

If the ZIP Code is missing or invalid, add 01 to the first three-digit ZIP Code shown.

STATE	STATE CODE	ZIP CODE RANGE
Alabama	AL	350-369
Alaska	AK	995-999
America Samoa	AS	96799 (only)
Americas APO/DPO/FPO	AA	340
Arizona	AZ	850-865
Arkansas	AR	716-729
California	CA	900-908, 910-961
Colorado	CO	800-816
Connecticut	CT	060-069
Delaware	DE	197-199
District of Columbia	DC	200, 202-205
Europe APO/DPO/FPO	AE	090-098
Federated States of Micronesia	FM	969
Florida	FL	320-342, 344, 346, 347, 349
Georgia	GA	300-319, 399
Guam	GU	969
Hawaii	HI	967, 968
Idaho	ID	832-838
Illinois	IL	600-629
Indiana	IN	460-479
Iowa	IA	500-528
Kansas	KS	660-679
Kentucky	KY	400-427
Louisiana	LA	700-714
Maine	ME	039-049
Marshall Islands	MH	969
Maryland	MD	206-219
Massachusetts	MA	010-027, 055

**Exhibit 3.41.267-2 (Cont. 1) (01-01-2018)****States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by State**

STATE	STATE CODE	ZIP CODE RANGE
Michigan	MI	480-499
Minnesota	MN	550-567
Mississippi	MS	368-397
Missouri	MO	630-658
Montana	MT	590-599
Nebraska	NE	680-693
Nevada	NV	889-898
New Hampshire	NH	030-038
New Jersey	NJ	070-089
New Mexico	NM	870-884
New York	NY	005, 100-149
North Carolina	NC	270-289
North Dakota	ND	580-588
Northern Mariana Islands	MP	969
Ohio	OH	430-459
Oklahoma	OK	730-732, 734-749
Oregon	OR	970-979
Pacific APO/DPO/FPO	AP	962-966
Palau	PW	969
Pennsylvania	PA	150-196
Puerto Rico	PR	006, 007, 009
Rhode Island	RI	028, 029
South Carolina	SC	290-299
South Dakota	SD	570-577
Tennessee	TN	370-385
Texas	TX	733, 750-799
Utah	UT	840-847
Vermont	VT	050-054, 056-059
Virginia	VA	201, 220-246
Virgin Islands	VI	008
Washington	WA	980-986, 988-994

**Exhibit 3.41.267-2 (Cont. 2) (01-01-2018)**

**States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by State**

<b>STATE</b>	<b>STATE CODE</b>	<b>ZIP CODE RANGE</b>
West Virginia	WV	247-268
Wisconsin	WI	530-549
Wyoming	WY	820-831



**Exhibit 3.41.267-3 (01-01-2018)****States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by ZIP Code**

If the ZIP Code is missing or invalid, add 01 to the first three-digit ZIP Code shown.

ZIP CODE RANGE	STATE CODE	STATE
005, 100-149	NY	New York
006, 007-009	PR	Puerto Rico
008	VI	Virgin Islands
010-027, 055	MA	Massachusetts
028, 029	RI	Rhode Island
030-038	NH	New Hampshire
039-049	ME	Maine
050-054, 056-059	VT	Vermont
060-069	CT	Connecticut
070-089	NJ	New Jersey
090-098	AE	Europe APO/DPO/FPO
150-196	PA	Pennsylvania
197-199	DE	Delaware
200, 202-205	DC	District of Columbia
201, 220-246	VA	Virginia
206-219	MD	Maryland
247-268	WV	West Virginia
270-289	NC	North Carolina
290-299	SC	South Carolina
300-319, 399	GA	Georgia
320-342, 344, 346, 347, 349	FL	Florida
340	AA	Americas APO/DPO/FPO
350-369	AL	Alabama
370-385	TN	Tennessee
386-397	MS	Mississippi
400-427	KY	Kentucky
430-459	OH	Ohio
460-479	IN	Indiana
480-499	MI	Michigan

# Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System 3.41.267

page 45

## Exhibit 3.41.267-3 (Cont. 1) (01-01-2018)

### States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by ZIP Code

ZIP CODE RANGE	STATE CODE	STATE
500-528	IA	Iowa
530-549	WI	Wisconsin
550-567	MN	Minnesota
570-577	SD	South Dakota
580-588	ND	North Dakota
590-599	MT	Montana
600-629	IL	Illinois
630-658	MO	Missouri
660-679	KS	Kansas
680-693	NE	Nebraska
700-714	LA	Louisiana
716-729	AR	Arkansas
730-732, 734-749	OK	Oklahoma
733, 750-779	TX	Texas
800-816	CO	Colorado
820-831	WY	Wyoming
832-838	ID	Idaho
840-847	UT	Utah
850-865	AZ	Arizona
870-884	NM	New Mexico
889-898	NV	Nevada
900-908, 910-961	CA	California
962-966	AP	Pacific APO/DPO/FPO
96799 (only)	AS	American Samoa
967, 968	HI	Hawaii
969	PW	Palau
969	GU	Guam
969	MP	Marianna Islands
970-979	OR	Oregon
980-986, 988-994	WA	Washington

Exhibit 3.41.267-3 (Cont. 2) (01-01-2018)  
States, State Codes, and Zone Improvement Plan (ZIP) Codes Sorted by ZIP Code

ZIP CODE RANGE	STATE CODE	STATE
995-999	AK	Alaska

**Exhibit 3.41.267-4 (01-01-2018)**

**Zone Improvement Plan (ZIP) Code, City, and State Exceptions**

*Exceptions to ZIP where State ZIP Code is five-digits*

ZIP	CITY	STATE
75502	Texarkana	AR
45275	Airport	KY
71749	Junction City	LA
03801	Naval Base	ME
20331	Andrews AFB	MD
06390	Fishers Island	NY
73949	Texhoma	TX
20041	Dulles Int'l Airport	VA
20370	Navy Annex	VA
20301	Pentagon	VA
49936	Alvin	WI

**Exhibit 3.41.267-5 (01-01-2018)****Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes**

Major City	State Code	Major City Code	ZIP Code
Aberdeen	SD	AD	574
Abilene	TX	AB	796
Akron	OH	AK	443
Albany	GA	AY	317
Albany	NY	AL	122
Albuquerque	NM	AQ	871
Alexandria	VA	AX	223
Alhambra	CA	YA	918
Allentown	PA	AW	181
Amarillo	TX	AM	791
Anaheim	CA	AH	928
Anchorage	AK	AN	995-996
Anderson	SC	AJ	296
Ann Arbor	MI	AP	481
Arlington	TX	IA	760
Arlington	VA	AR	222
Arvada	CO	AV	800, 804
Asheville	NC	AS	288
Athens	GA	AE	306
Atlanta	GA	AT	303, 311, 399
Atlantic City	NJ	AC	084
Auburn	AL	AF	368
Augusta	GA	AG	309
Augusta	ME	AA	043
Aurora	CO	AZ	800
Aurora	IL	AO	605
Austin	TX	AU	733, 787
Bakersfield	CA	BD	933
Baltimore	MD	BA	212
Baton Rouge	LA	BR	708

# Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System 3.41.267

page 49

## Exhibit 3.41.267-5 (Cont. 1) (01-01-2018)

### Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes

Major City	State Code	Major City Code	ZIP Code
Battle Creek	MI	QK	490
Beaumont	TX	BT	777
Bellingham	WA	BH	982
Berkeley	CA	BE	947
Bethlehem	PA	BM	180
Billings	MT	IB	591
Biloxi	MS	BL	395
Binghamton	NY	BC	139
Birmingham	AL	BI	352
Bismarck	ND	BB	585
Bloomington	IN	BQ	474
Bloomington	MN	BN	554
Boca Raton	FL	BZ	334
Boise	ID	BS	837
Bossier City	LA	BW	711
Boston	MA	BO	021, 022
Boulder	CO	BV	803
Bradenton	FL	BG	342
Bremerton	WA	BY	983
Bridgeport	CT	BP	066
Bronx	NY	BX	104
Brooklyn	NY	BK	112
Brownsville	TX	BJ	785
Buffalo	NY	BF	142
Burlington	VT	BU	054
Cambridge	MA	CB	021, 022
Camden	NJ	CD	081
Canton	OH	CA	447
Cape Coral	FL	CF	339
Casper	WY	CZ	826

**Exhibit 3.41.267-5 (Cont. 2) (01-01-2018)****Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes**

<b>Major City</b>	<b>State Code</b>	<b>Major City Code</b>	<b>ZIP Code</b>
Cedar Rapids	IA	CR	524
Champaign	IL	CX	618
Chandler	AZ	YZ	852
Chapel Hill	NC	CJ	275
Charleston	SC	CT	294
Charleston	WV	CW	253
Charlotte	NC	CE	282
Charlottesville	VA	CV	229
Chattanooga	TN	CG	374
Chesapeake	VA	CP	233
Cheyenne	WY	CY	820
Chicago	IL	CH	606-608
Chula Vista	CA	DV	919
Cincinnati	OH	CN	452, 459
Clarksville	TN	YN	370
Clearwater	FL	CQ	337
Cleveland	OH	CL	441
Colorado Springs	CO	CS	809
Columbia	SC	CU	292
Columbus	GA	CM	318, 319
Columbus	OH	CO	430, 432
Corpus Christi	TX	CC	783, 784
Cranston	RI	RT	029
Cumberland	MD	CK	215
Dallas	TX	DA	752, 753
Davenport	IA	DP	528
Dayton	OH	DY	453, 454
Daytona Beach	FL	DF	321
Dearborn	MI	DB	481
Decatur	IL	DT	625
Denver	CO	DN	800-802



# Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System 3.41.267

page 51

## Exhibit 3.41.267-5 (Cont. 3) (01-01-2018)

### Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes

Major City	State Code	Major City Code	ZIP Code
Des Moines	IA	DM	503, 509
Detroit	MI	DE	482
Dubuque	IA	DQ	520
Duluth	MN	DL	557, 558
Durham	NC	DU	277
East Lansing	MI	ET	488
East Orange	NJ	EO	070
East St Louis	IL	ES	622
Easton	PA	EA	180
El Paso	TX	EP	799, 885
Elizabeth	NJ	EL	072
Erie	PA	ER	165
Eugene	OR	EU	974
Evanston	IL	EN	602
Evansville	IN	EV	477
Fairbanks	AK	FK	997
Fall River	MA	FR	027
Far Rockaway	NY	RK	110, 116
Fargo	ND	FA	581
Fayetteville	AR	FB	727
Fayetteville	NC	FN	283
Flint	MI	FT	485
Florence	AL	FC	356
Florence	SC	FE	295
Flushing	NY	FG	113
Fort Lauderdale	FL	FL	333
Fort Pierce	FL	FP	349
Fort Smith	AR	FS	729
Fort Wayne	IN	FY	468
Fort Worth	TX	FW	761

**Exhibit 3.41.267-5 (Cont. 4) (01-01-2018)****Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes**

<b>Major City</b>	<b>State Code</b>	<b>Major City Code</b>	<b>ZIP Code</b>
Fresno	CA	FO	936-938
Gainesville	FL	GF	326
Gaithersburg	MD	GG	208
Galveston	TX	GA	775
Garland	TX	GD	750
Gary	IN	GY	464
Gastonia	NC	GN	280
Glendale	AZ	GE	853
Glendale	CA	GL	912
Grand Rapids	MI	GR	495
Great Falls	MT	GT	594
Greeley	CO	GC	806
Green Bay	WI	GB	543
Greensboro	NC	GO	274
Greenville	SC	GV	296
Greenwood	MS	GW	389
Hackensack	NJ	HS	076
Hamilton	OH	HA	450
Hammond	IN	HM	463
Hampton	VA	HP	236
Harlingen	TX	HR	785
Hartford	CT	HD	061
Harrisburg	PA	HG	171
Hattiesburg	MS	HT	394
Helena	MT	HE	596
Henderson	NV	HF	890
Hialeah	FL	HI	330
High Point	NC	HC	272
Hollywood	FL	HW	330
Honolulu	HI	HL	968
Houston	TX	HO	770, 772

# Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System 3.41.267

page 53

**Exhibit 3.41.267-5 (Cont. 5) (01-01-2018)**

**Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes**

Major City	State Code	Major City Code	ZIP Code
Huntington	WV	HN	257
Huntington Beach	CA	HB	926
Huntsville	AL	HU	358
Independence	MO	IE	640
Indianapolis	IN	IN	462
Inglewood	CA	ID	903
Irvine	CA	IV	926, 927
Irving	TX	IR	750
Jackson	MS	JN	392
Jacksonville	FL	JV	322
Jamaica	NY	JA	114
Jamestown	NY	JM	147
Janesville	WI	JE	535
Jersey City	NJ	JC	070, 073
Johnson City	TN	JH	376
Johnstown	PA	JO	159
Joliet	IL	JT	604
Jonesboro	AR	JB	724
Kalamazoo	MI	KZ	490
Kansas City	KS	KA	661
Kansas City	MO	KC	641, 649
Kennewick	WA	KW	993
Kenosha	WI	KE	531
Kingsport	TN	KP	376
Knoxville	TN	KN	379
Lafayette	IN	LF	479
Lafayette	LA	LL	705
Lake Charles	LA	LC	706
Lakeland	FL	LK	338
Lakewood	CO	LW	801, 802, 804

**Exhibit 3.41.267-5 (Cont. 6) (01-01-2018)****Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes**

<b>Major City</b>	<b>State Code</b>	<b>Major City Code</b>	<b>ZIP Code</b>
Lancaster	PA	LP	176
Lansing	MI	LG	489
Laredo	TX	LD	780
Las Cruces	NM	LZ	880
Las Vegas	NV	LV	891
Lawrence	MA	LQ	018
Lewiston	ME	LT	042
Lexington	KY	LX	405
Lincoln	NE	LN	685
Little Rock	AR	LR	722
Long Beach	CA	LB	907, 908
Long Island City	NY	LI	111
Lorain	OH	LO	440
Los Angeles	CA	LA	900, 901
Louisville	KY	LE	402
Lowell	MA	LM	018
Lubbock	TX	LU	794
Lynn	MA	LY	019
<b>Macon</b>	GA	MA	312
Madison	WI	MN	537
Manchester	NH	MR	031
Marietta	GA	MT	300
Melbourne	FL	ML	329
Memphis	TN	ME	375, 381
Meridian	MS	MD	393
Mesa	AZ	MZ	852
Metairie	LA	MI	700
Miami	FL	MF	330-332
Milwaukee	WI	MW	532
Minneapolis	MN	MS	554
Missoula	MT	MM	598

# Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System 3.41.267

page 55

## Exhibit 3.41.267-5 (Cont. 7) (01-01-2018)

### Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes

Major City	State Code	Major City Code	ZIP Code
Mobile	AL	MO	366
Modesto	CA	MC	953
Monroe	LA	MB	712
Montgomery	AL	MG	361
Muskegon	MI	MK	494
Naperville	IL	NP	605
Nashua	NH	NS	030
Nashville	TN	NA	372
Newark	NJ	NK	071
New Bedford	MA	ND	027
New Brunswick	NJ	NB	089
New Haven	CT	NH	065
New Orleans	LA	NO	701
Newport News	VA	NN	236
Newton	MA	NE	024
New York	NY	NY	100-102
Niagara Falls	NY	NF	143
Norfolk	VA	NV	235
Norman	OK	NR	730
North Charleston	SC	NC	294
North Hollywood	CA	NW	916
North Las Vegas	NV	NT	890
North Little Rock	AR	NL	721
Oakland	CA	OA	946
Oak Park	IL	OP	603
Oceanside	CA	OE	920
Ogden	UT	OG	842, 844
Oklahoma City	OK	OC	731
Olympia	WA	OL	985
Omaha	NE	OM	681

**Exhibit 3.41.267-5 (Cont. 8) (01-01-2018)****Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes**

<b>Major City</b>	<b>State Code</b>	<b>Major City Code</b>	<b>ZIP Code</b>
Orlando	FL	OR	328
Oshkosh	WI	OK	549
Overland Park	KS	OV	662
Owensboro	KY	OW	423
Oxnard	CA	OX	930
Palo alto	CA	PQ	943
Parkersburg	WV	PK	261
Parma	OH	PZ	441
Pasadena	CA	PD	910, 911
Paterson	NJ	PN	075
Pembroke Pines	FL	PP	330
Pensacola	FL	PE	325
Peoria	AZ	PY	853
Peoria	IL	PL	616
Petersburg	VA	PG	238
Philadelphia	PA	PH	190-192
Phoenix	AZ	PX	850
Pine Bluff	AR	PB	716
Pittsburgh	PA	PI	151, 152
Pocatello	ID	PC	832
Port Arthur	TX	PA	776
Portland	ME	PT	041
Portland	OR	PO	972
Portsmouth	NH	PS	038
Portsmouth	VA	PM	237
Providence	RI	PR	029
Provo	UT	PV	846
Pueblo	CO	PU	810
Punta Gorda	FL	PJ	339
Quincy	MA	QU	021, 022
Racine	WI	RA	534

# Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System 3.41.267

page 57

**Exhibit 3.41.267-5 (Cont. 9) (01-01-2018)**

**Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes**

Major City	State Code	Major City Code	ZIP Code
Raleigh	NC	RL	276
Reading	PA	RD	196
Reno	NV	RE	895
Richmond	VA	RI	231, 232
Riverside	CA	RS	925
Roanoke	VA	RO	240
Rochester	NY	RC	146
Rock Hill	SC	RH	297
Rockford	IL	RF	611
Sacramento	CA	SC	942, 958
Saginaw	MI	SG	486
Salem	OR	XR	973
Salinas	CA	YL	939
Salt Lake City	UT	XU	841
San Antonio	TX	SO	782
San Bernardino	CA	SR	924
San Diego	CA	SD	921
San Francisco	CA	SF	941
San Jose	CA	SJ	951
San Juan	PR	XJ	009
Santa Ana	CA	SA	927
Santa Barbara	CA	SZ	931
Santa Fe	NM	YF	875
Sarasota	FL	XS	342
Savannah	GA	GS	314
Schenectady	NY	SK	120, 123
Scottsdale	AZ	YS	852
Scranton	PA	XC	185
Seattle	WA	SE	981
Shawnee Mission	KS	SM	662



**Exhibit 3.41.267-5 (Cont. 10) (01-01-2018)****Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes**

<b>Major City</b>	<b>State Code</b>	<b>Major City Code</b>	<b>ZIP Code</b>
Sheboygan	WI	XB	530
Shreveport	LA	SH	711
Silver Spring	MD	SS	209
Sioux City	IA	SX	511
Sioux Falls	SD	IQ	571
South Bend	IN	SB	466
Spartanburg	SC	SQ	293
Spokane	WA	SW	992
Springfield	IL	XL	627
Springfield	MA	XA	011
Springfield	MO	XO	657, 658
Springfield	OH	XH	455
Stamford	CT	ST	069
Staten Island	NY	SI	103
St Joseph	MO	XM	645
St Louis	MO	SL	631
St Paul	MN	SU	551
St Petersburg	FL	SP	337
Sterling Heights	MI	YH	483
Stockton	CA	SN	952
Syracuse	NY	SY	132
Tacoma	WA	TC	984
Tallahassee	FL	TL	323
Tampa	FL	TA	336
Tempe	AZ	TE	852
Terre Haute	IN	TH	478
Titusville	FL	TT	327
Toledo	OH	TO	436
Torrance	CA	TN	905
Topeka	KS	TP	666
Trenton	NJ	TR	086

# Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System 3.41.267

page 59

**Exhibit 3.41.267-5 (Cont. 11) (01-01-2018)**

**Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes**

Major City	State Code	Major City Code	ZIP Code
Tucson	AZ	TU	857
Tulsa	OK	TS	741
Tuscaloosa	AL	TB	354
Utica	NY	UT	135
Van Nuys	CA	VN	913, 914
Vancouver	WA	VA	986
Virginia Beach	VA	VB	234
Waco	TX	WX	767
Warren	MI	WR	480
Warren	OH	WO	444
Warwick	RI	WW	028
Washington	DC	DC	200, 202-205, 569
Waterbury	CT	WT	067
Waterloo	IA	WL	507
West Allis	WI	WA	532
West Valley City	UT	WC	841
West Palm Beach	FL	WP	334
Westminister	CO	WD	800, 802
Wheeling	WV	WH	260
White Plains	NY	WJ	106
Wichita	KS	WK	672
Wichita Falls	TX	WF	763
Wilkes-Barre	PA	WB	187
Williamsport	PA	WM	177
Wilmington	DE	WI	198
Wilmington	NC	WN	284
Winston-Salem	NC	WS	271
Winter Haven	FL	WG	338
Worcester	MA	WE	016
Yonkers	NY	YK	107

**Exhibit 3.41.267-5 (Cont. 12) (01-01-2018)**  
**Alphabetical Listing of Major Cities with Major City Codes and Zone Improvement Plan (ZIP) Codes**

Major City	State Code	Major City Code	ZIP Code
York	PA	YR	173, 174
Youngstown	OH	YO	445

Exhibit 3.41.267-6 (01-01-2025)

Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt	Description	Instructions Form 1094-B, Transmittal of Health Coverage Information Returns
Tax Year	(located top right-hand of form)	<p>The tax year is a <b>must</b> enter field entry.</p> <ul style="list-style-type: none"> <li>Enter the tax year printed/present in the upper right-hand corner of the form.</li> <li>Requires two consecutive matching and valid entries to leave the field.</li> </ul> <p><b>Reminder:</b> Valid tax years: 2024, 2023, 2022, and 2021.</p> <ul style="list-style-type: none"> <li>Enter <b>"00"</b> if an invalid tax year is present, Then select <b>"yes"</b> when prompted to delete the UW.</li> </ul> <p><b>Note:</b> The system 1) recognizes the tax year present and 2) presents the year for site verification before releasing from the field.</p>
Delinquent Indicator	First box For Official Use Only	<p>Enter the code, if present, from the first <b>For Official Use Only</b> box.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>If the box is blank, check if it is present in the top margin of the document.</li> </ul> <p>the Delinquent Return Date field.</p> <p>quent Return Date field.</p>
Delinquent Return Date	Date stamp in white space of For Official Use Only	<p>Enter the date from the IRS received date stamp, if present.</p> <ol style="list-style-type: none"> <li>If blank, enter the date from the IRS received date stamp in MMDDYY format see the valid dates below.</li> <li>If multiple conflicting received dates present or the received date stamp is circled out leave blank.</li> <li>If the received date stamp is illegible, enter the signature date. If the signature date is illegible, missing, or timely, leave blank.</li> <li>The valid dates:</li> </ol> <p>present in the Delinquent Return Date field, enter</p> <ul style="list-style-type: none"> <li>If the received date present is not valid remove the</li> </ul>

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## Exhibit 3.41.267-6 (Cont. 1) (01-01-2025)

## Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt	Description	Instructions Form 1094-B, Transmittal of Health Coverage Information Returns
Corr. Ind	Correspondence Indicator	DO NOT enter any codes present from the last two <b>For Official Use Only</b> boxes. Press <b>&lt;Enter&gt;</b> .
Line 1- Filer's Name	Filer's name	Enter the full name shown. If any character in the name is illegible enter a space for the illegible character. If the name is missing and is not present delete the UW from the system. Press <b>&lt;Enter&gt;</b> .
Line 2-EIN	Employer identification number (EIN)	Enter the nine-digit EIN present. <b>Caution:</b> Delete the UW by entering all zeros in the EIN field when: - the TIN is missing or is more than or less than nine-digits - any digit is illegible, and the filer entity is not present on the first detail - single repeating digit such as 11111111, 22222222, etc., or sequential 123456789 is entered as the EIN.
Line 3-Name of Contact	Name of person to contact	Enter the full name shown. If any character in the name is illegible enter a space for the illegible character. If the name is missing and is not present press <b>&lt;Enter&gt;</b> .
Line 4-Contact Phone	Contact telephone number	Enter up to the first twelve numbers if present. Is blank, 7, 10, or 12 numerics. <b>Note:</b> Extensions optional.
Line 5-Address	Street address	Enter the street address from the form. If a foreign address, enter the address.
Line 6-City	City or town	Enter the name of the city. If a foreign address is present, enter the city.
Line 7-State/Province	State or province	Enter the two-character code for the state listed on the document. If a foreign address, enter the province.
Line 8-Zip/Foreign Postal Code	Country and ZIP or foreign postal code	Enter the five-digit ZIP Code. If missing, press <b>&lt;Enter&gt;</b> to bypass this field. If a foreign address, enter the Country and/or foreign postal code.
Line 9-Total Form 1095-B	Total number of Forms 1095-B submitted with this transmittal	Enter the number present on the document.

## Exhibit 3.41.267-6 (Cont. 2) (01-01-2025)

### Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1095-B, Health Coverage - Page 1
Tax Year	(located top right-hand of form)	<p>The tax year is a <b>must</b> enter field entry.</p> <ul style="list-style-type: none"> <li>Enter the tax year printed/present in the upper right-hand corner of the form.</li> <li>Requires two consecutive matching and valid entries to leave the field.</li> </ul> <p><b>Reminder:</b> Valid tax years: 2024, 2023, 2022, and 2021.</p> <ul style="list-style-type: none"> <li>Enter <b>"00"</b> when an invalid tax year is present, or the year does not match the transmittal. Then select <b>"yes"</b> when prompted to delete the return.</li> </ul> <p><b>Note:</b> The system 1) recognizes the tax year present and 2) presents the year for site verification before releasing from the field.</p>
Void	VOID Box	<p>Enter <b>"X"</b> if marked.</p> <p><b>Note:</b> Consider all data invalid if the filer marks the void box, writes void on the form, marks through the entire form or the SCRIPS operator has voided the return due to duplication within the submission.</p>
Corrected	CORRECTED Box	Enter <b>"X"</b> if marked.
Line 1-Resp. First Name	First name	<p>Enter the first name if present or you can determine it. If any character in the name is illegible enter a space for the illegible character.</p> <p>Do not leave two consecutive spaces.</p> <p>If it is not possible to determine first, middle initial and last name place the entire name in last/full name.</p>
Line 1-Resp. Middle Initial	Middle initial	Enter the <b>middle initial</b> if present or you can determine it.
Line 1-Resp. Last/Full Name	Last name/Full name	<p>Enter the last name.</p> <p>If any character in the name is illegible, enter a space for the illegible character.</p> <p>Do not leave two consecutive spaces.</p> <p>If it is not possible to determine first, middle initial, and last name place the entire name in this field.</p> <p>Enter suffixes after the last name entry.</p>

## Exhibit 3.41.267-6 (Cont. 3) (01-01-2025)

## Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1095-B, Health Coverage - Page 1
Line 2-SSN or other TIN	Social security number (SSN)	<p>Enter the nine-digit SSN or TIN present.</p> <ul style="list-style-type: none"> <li>If the SSN is more than nine-digits enter the first nine-digits.</li> <li>If any digit is illegible or missing enter a period for the illegible or missing digit.</li> </ul> <p><b>Exception:</b> If 50 percent or more of the SSNs in the UW appear redacted, suspend under Supervisor Request.</p> <ul style="list-style-type: none"> <li>If blank, single repeating digit such as 111111111, 222222222, etc., or sequential 123456789 do not enter data. Press <b>&lt;Enter&gt;</b>.</li> </ul> <p><b>Exception:</b> If 50 percent or more of the SSNs in the UW meet the conditions above suspend under Supervisor Request.</p>
Line 3-Date of Birth	Date of birth (if SSN is not available)	<p>Enter the date of birth if present in MMDDYYYY format if a complete date is present.</p> <p><b>Caution:</b> If any of one of MM, DD or YYYY is missing, the remaining combination “<b>is not</b>” a DOB. Do not enter partial data in the field.</p>
Line 4-Address	Street address	<p>Enter the street address from the form.</p> <p>If a foreign address, enter the address.</p>
Line 5-City	City or town	<p>Enter the name of the city.</p> <p>If a foreign address is present, enter the city.</p>
Line 6-State/Province	State or province	<p>Enter the two-character code for the state listed on the document.</p> <p>If a foreign address, enter the province.</p>
Line 7-Zip/Foreign Postal Code	Country and ZIP or foreign postal code	<p>Enter the five-digit ZIP Code. If missing, press <b>&lt;Enter&gt;</b> to bypass this field.</p> <p>If a foreign address, enter the Country and/or foreign postal code.</p>
Line 8-Origin of Policy	Enter letter identifying Origin of the Policy...	<p>Enter the alpha character present.</p> <ul style="list-style-type: none"> <li>Valid characters: “<b>A</b>” through “<b>G</b>.”</li> <li>If multiple characters present enter the first valid character.</li> <li>If no valid character is present blank the field.</li> </ul>
Line 10-Emp. Name	Employer name	<p>Enter the full name shown. If any character in the name is illegible enter a space for the illegible character. Do not leave two consecutive spaces.</p>



## Exhibit 3.41.267-6 (Cont. 4) (01-01-2025)

### Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1095-B, Health Coverage - Page 1
Line 11-EIN	Employer identification number	Enter the nine-digit EIN present. If the EIN is: <ul style="list-style-type: none"> <li>• Missing enter nothing.</li> <li>• Is more than nine-digits enter the first nine-digits.</li> <li>• If any digit is illegible or missing enter a period for the illegible or missing digit.</li> </ul>
Line 12-Address	Street address	Enter the street address from the form. If a foreign address, enter the address.
Line 13-City	City or town	Enter the name of the city. If a foreign address is present, enter the city.
Line 14-State/ Province	State or province	Enter the two-character code for the state listed on the document. If a foreign address, enter the province.
Line 15-Zip/ Foreign Postal Code	Country and ZIP or foreign postal code	Enter the five-digit ZIP Code. If missing, press <Enter> to bypass this field. If a foreign address, enter the Country and/or foreign postal code.
Line 16-Name		Enter the full name shown. If any character in the name is illegible enter a space for the illegible character. Do not leave two consecutive spaces.
Line 17-EIN		Enter the nine-digit EIN present. <ul style="list-style-type: none"> <li>• If the EIN is more than nine-digits enter the first nine-digits.</li> <li>• If any digit is illegible or missing enter a period for the illegible or missing digit.</li> </ul>
Line 18-Contact Phone	Contact telephone number	Enter up to the first twelve numbers if present. Is blank, 7, 10, or 12 numerics. <b>Note:</b> Extensions optional.
Line 19-Address	Street address	Enter the street address from the form. If a foreign address, enter the address.
Line 20-City	City or town	Enter the name of the city. If a foreign address is present, enter the city.
Line 21-State/ Province	State or province	Enter the two-character code for the state listed on the document. If a foreign address, enter the province.

**Exhibit 3.41.267-6 (Cont. 5) (01-01-2025)****Affordable Care Act Information Return Transcription Sheets**

<b>OE/DV Screen Prompt Page 1</b>	<b>Description Page 1</b>	<b>Instructions Form 1095-B, Health Coverage - Page 1</b>
Line 22-Zip/ Foreign Postal Code	Country and ZIP or foreign postal code	Enter the five-digit ZIP Code. If missing, press <b>&lt;Enter&gt;</b> to bypass this field. If a foreign address, enter the Country and/or foreign postal code.
Line 23(a)- Covered Ind. <b>through</b> Line 28(a)- Covered Ind. First Name	First name	Enter the first name if present or if you can determine it. If any character in the name is illegible enter a space for the illegible character. Do not leave two consecutive spaces. If it is not possible to determine first, middle initial and last name place the entire name in last/full name. Enter suffixes after the last name entry.
Line 23(a)- Covered Ind. <b>through</b> Line 28(a)- Covered Ind. Middle Initial	Middle initial	Enter the <b>middle initial</b> if present or you can determine it.
Line 23(a)- Covered Ind. <b>through</b> Line 28(a)- Covered Ind. Last/Full Name	Last/Full name	Enter the last name. If any character in the name is illegible enter a space for the illegible character. Do not leave two consecutive spaces. If it is not possible to determine first, middle initial, and last name place the entire name in this field. Enter suffixes after the last name entry.  <b>Note:</b> Instructions repeat for all entries for each covered individual listed on line 23, columns (a, b, c, d, and e) through line 28, columns (a, b, c, d, and e).

**Exhibit 3.41.267-6 (Cont. 6) (01-01-2025)**

**Affordable Care Act Information Return Transcription Sheets**

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1095-B, Health Coverage - Page 1
Line 23(b)-SSN or other TIN <b>through</b> Line 28(b)-SSN or other TIN	SSN	<p>Enter the nine-digit SSN or TIN present.</p> <ul style="list-style-type: none"> <li>If the SSN is more than nine-digits enter the first nine-digits.</li> <li>If any digit is illegible or missing enter a period for the illegible or missing digit.</li> </ul> <p><b>Exception:</b> If 50 percent or more of the SSNs in the UW appear redacted suspend under Supervisor Request.</p> <ul style="list-style-type: none"> <li>If blank, single repeating digit such as 11111111, 22222222, etc., or sequential 123456789 do not enter data. Press &lt;Enter&gt;.</li> </ul> <p><b>Exception:</b> If 50 percent or more of the SSNs in the UW meet the conditions above suspend under Supervisor Request.</p> <p><b>Caution:</b> Do not enter any data present in columns (b, c, d, or e) if there is no corresponding name present in column (a).</p>
Line 23(c)-DOB <b>through</b> Line 28(c)-DOB	DOB (If SSN is not available)	<p>Enter the date of birth if present in MMDDYYYY format if a complete date is present.</p> <p><b>Caution:</b> If any of one of MM, DD or YYYY appear missing the remaining combination “is not” a DOB. Do not enter partial data in the field.</p> <p><b>Caution:</b> Do not enter any data present in columns (b, c, d, or e) if there is no corresponding name present in column (a).</p>
Line 23(d)-12 Months <b>through</b> Line 28(d)-12 Months	Covered all 12 months	<p>Enter “X” if marked.</p> <p><b>Caution:</b> Do not enter any data present in columns (b, c, d, or e) if there is no corresponding name present in column (a).</p>
Line 23(e)-Jan <b>through</b> Line 28(e)-Dec	Months of coverage Jan through Dec	<p>Enter “X” if marked.</p> <p><b>Note:</b> Instructions repeat for all entries for each covered individual listed on line 23, columns (a, b, c, d, and e) through line 28, columns (a, b, c, d, and e).</p> <p><b>Caution:</b> Do not enter any data present in columns (b, c, d, or e) if there is no corresponding name present in column (a).</p>

## Exhibit 3.41.267-6 (Cont. 7) (01-01-2025)

## Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 3	Description Page 3	Instructions Form 1095-B, Health Coverage - Page 3
SSN	Social security number (SSN)	Enter the nine-digit SSN or TIN present. Enter a period for illegible characters. If blank, single repeating digit such as 111111111, 222222222, etc., or sequential 123456789 do not enter data. Press <b>&lt;Enter&gt;</b> .
Date of Birth	Date of birth (if SSN is not available)	Enter the date of birth if present in MMDDYYYY format if a complete date is present. <b>Caution:</b> If any of one of MM, DD or YYYY is missing the remaining combination " <b>is not</b> " a DOB. Do not enter partial data in the field.
Line 29(a)-Covered Ind. <b>through</b> Line 40(a)-Covered Ind. First Name	First name	Enter the first name if present or you can determine it. If any character in the name is illegible enter a space for the illegible character. Do not leave two consecutive spaces. If it is not possible to determine first, middle initial, and last name place the entire name in last/full name.
Line 29(a)-Covered Ind. <b>through</b> Line 40(a)-Covered Ind. Middle Initial	Middle initial	Enter the <b>middle initial</b> if present or you can determine it.
Line 29(a)-Covered Ind. <b>through</b> Line 40(a)-Covered Ind. Last/Full Name	Last name/Full name	Enter the last name. If any character in the name is illegible enter a space for the illegible character. Do not leave two consecutive spaces. If it is not possible to determine first, middle initial, and last name place the entire name in this field. Enter suffixes after the last name entry. <b>Note:</b> Instructions repeat for all entries for each covered individual listed on line 23 (columns a, b, c, d, and e) through line 40 (columns a, b, c, d, and e).

Exhibit 3.41.267-6 (Cont. 8) (01-01-2025)

Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 3	Description Page 3	Instructions Form 1095-B, Health Coverage - Page 3
Line 29(b)-SSN through Line 40(b)-SSN	SSN or other TIN	<p>Enter the nine-digit SSN or TIN present.</p> <ul style="list-style-type: none"> <li>If the SSN is more than nine-digits enter the first nine-digits.</li> <li>If any digit is illegible or missing enter a period for the illegible or missing digit.</li> </ul> <p><b>Exception:</b> If more than 50 percent of the SSNs in the UW appear redacted suspend under Supervisor Request.</p> <ul style="list-style-type: none"> <li>If blank, single repeating digit such as 111111111, 222222222, etc., or sequential 123456789 do not enter data. Press &lt;Enter&gt;.</li> </ul> <p><b>Exception:</b> If 50 percent or more of the SSNs in the UW meet the conditions above suspend under Supervisor Request.</p> <p><b>Caution:</b> Do not enter any data present in columns (b, c, d, or e) if there is no corresponding name present in column (a).</p>
Line 29(c)-DOB through Line 40(c)-DOB	DOB (If SSN or other TIN is not available)	<p>Enter the date of birth if present in MMDDYYYY format if a complete date is present.</p> <p><b>Caution:</b> If any of one of MM, DD, or YYYY appear missing the remaining combination “is not” a DOB. Do not enter partial data in the field.</p> <p><b>Caution:</b> Do not enter any data present in columns (b, c, d, or e) if there is no corresponding name present in column (a).</p>
Line 29(d)-12 Months through Line 40(d)-12 Months	Covered all 12 months	<p>Enter “X” if marked.</p> <p><b>Caution:</b> Do not enter any data present in columns (b, c, d, or e) if there is no corresponding name present in column (a).</p>
Line 29(e)-Jan through Line 40(e)-Dec	Months of coverage Jan through Dec	<p>Enter “X” if marked.</p> <p><b>Caution:</b> Do not enter any data present in columns (b, c, d, or e) if there is no corresponding name present in column (a).</p>

## Exhibit 3.41.267-6 (Cont. 9) (01-01-2025)

## Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns - Page 1
Tax Year	(located top right-hand of form)	<p>The tax year is a <b>must</b> enter field entry.</p> <ul style="list-style-type: none"> <li>Enter the tax year printed/present in the upper right-hand corner of the form.</li> <li>Requires two consecutive matching and valid entries to leave the field.</li> </ul> <p><b>Reminder:</b> Valid tax years: 2024, 2023, 2022, and 2021.</p> <ul style="list-style-type: none"> <li>Enter <b>"00"</b> if an invalid tax year is present. Then select <b>"yes"</b> when prompted to delete the UW.</li> </ul> <p><b>Note:</b> The system 1) recognizes the tax year present and 2) presents the year for site verification before releasing from the field.</p>
Corrected	CORRECTED Box	Enter <b>"X"</b> if marked.
Delinquent Indicator	First box For Official Use Only	<p>Enter the code, if present, from the first <b>For Official Use Only</b> box.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>If the box is blank, look for a code in the top margin of the document.</li> </ul> <p>the Delinquent Return Date field.</p> <p>quent Return Date field.</p>
Delinquent Return Date	Date stamp in white space of For Official Use Only	<p>Enter the date from the IRS received date stamp, if present.</p> <ol style="list-style-type: none"> <li>If blank, enter the date from the IRS received date stamp in MMDDYY format see the valid dates below.</li> <li>If multiple conflicting received dates present or the received date stamp is circled out leave blank.</li> <li>If the received date stamp is illegible, enter the signature date. If the signature date is illegible, missing, or timely, leave blank.</li> <li>The valid dates:</li> </ol> <p>present in the Delinquent Return Date field, enter</p> <p>from the Delinquent Indicator field.</p>

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## Exhibit 3.41.267-6 (Cont. 10) (01-01-2025)

### Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns - Page 1
Corr. Ind	Correspondence Indicator	DO NOT enter any codes present from the last two <b>For Official Use Only</b> boxes. Press <b>&lt;Enter&gt;</b> .
Line 1-ALE Member	Name of ALE Member (Employer)	Enter the full name as shown if present. <ul style="list-style-type: none"> <li>If any character in the name is illegible enter a space for the illegible character.</li> <li>Do not leave two consecutive spaces.</li> <li>If the name is missing and is not present press <b>&lt;Enter&gt;</b>.</li> <li>See IRM 3.41.267.9.2, Name Entry, for more instruction on filers names.</li> </ul>
Line 2-EIN	Employer identification number	Enter the nine-digit EIN present. <ul style="list-style-type: none"> <li>If the EIN is missing, incomplete, invalid, or more than or less than nine-digits then check the first detail document for the EIN. If present enter on Line 2- EIN.</li> <li>If the EIN is not present on the first detail AND line 9 and line 10 appear blank, then enter nine zeros (000000000) to delete the UW.</li> <li>If there is no entry on line 1 and 2 and there is an entry on line 9 and line 10, the system moves the entity on line 9 and line 10 to line 1 and line 2 systematically.</li> <li>If the EIN is a single repeating digit such as 111111111, 222222222, etc., or sequential 123456789 or is more than or less than nine-digits and the correct EIN is not present on the first detail then enter nine zeros (000000000) to delete the UW.</li> </ul>
Line 3-Address	Street address	Enter the street address from the form. If a foreign address, enter the address.
Line 4-City	City or town	Enter the name of the city. If a foreign address is present, enter the city.
Line 5-State/Province	State or province	Enter the two-character code for the state listed on the document. If a foreign address, enter the province.
Line 6-Zip/Foreign Postal Code	Country and ZIP or foreign postal code	Enter the five-digit ZIP Code. If missing, press <b>&lt;Enter&gt;</b> to bypass this field. If a foreign address, enter the Country and/or foreign postal code.

## Exhibit 3.41.267-6 (Cont. 11) (01-01-2025)

## Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions <b>Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns - Page 1</b>
Line 7-Name of Contact	Name of person to contact	Enter the full name shown. If any character in the name is illegible enter a space for the illegible character. If the name is missing and is not present press <b>&lt;Enter&gt;</b> .
Line 8-Contact Phone	Contact telephone number	Enter up to the first twelve numbers if present. Is blank, 7, 10, or 12 numerics. <b>Note:</b> Extensions optional.
Line 9-Designated Name	Name of Designated Government Entity (only if applicable)	Enter the full name shown. If any character in the name is illegible enter a space for the illegible character. If the name is missing and is not present press <b>&lt;Enter&gt;</b> . <b>Note:</b> If there is no ALE data present on Line 1 and 2, and valid data is verified on Line 9 and 10 the designated entity data is moved to the ALE entity data systemically.
Line 10-EIN	Employer identification number (EIN)	Enter the nine-digit EIN present. <ul style="list-style-type: none"> <li>If there are entries on line 1 and line 2; and the EIN is missing, incomplete, or a single repeating digit such as 111111111, 222222222, etc., or sequential 123456789 or is less than nine-digits press do not enter data. Press<b>&lt;Enter&gt;</b>.</li> <li>If there are entries on line 1 and line 2; and the TIN is more than nine-digits enter the first nine-digits present.</li> <li>If there are entries on line 1 and line 2; and the TIN appears in SSN format enter nothing, press <b>&lt;Enter&gt;</b>.</li> <li>If there is no entry on line 1 and line 2 and the EIN is missing, incomplete, invalid, or more than or less than nine-digits, then enter nine zeros (000000000) to delete the UW.</li> </ul> <b>Note:</b> If there is no entry on line 1 and 2 and there is a valid entry on line 9 and line 10 the system moves the entity on line 9 and line 10 to line 1 and line 2 systemically.
Line 11-Address	Street address	Enter the street address from the form. If a foreign address, enter the address.
Line 12-City	City or town	Enter the name of the city. If a foreign address is present, enter the city.



## Exhibit 3.41.267-6 (Cont. 12) (01-01-2025)

### Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns - Page 1
Line 13-State/ Province	State or province	Enter the two-character code for the state listed on the document. If a foreign address, enter the province.
Line 14-Zip/ Foreign Postal Code	Country and ZIP or foreign postal code	Enter the five-digit ZIP Code. If missing, press <b>&lt;Enter&gt;</b> to bypass this field. If a foreign address, enter the Country and/or foreign postal code.
Line 15-Name of Contact	Name of person to contact	Enter the full name shown. If any character in the name is illegible enter a space for the illegible character. If the name is missing and is not present press <b>&lt;Enter&gt;</b> .
Line 16-Contact Phone	Contact telephone number	Enter up to the first twelve numbers if present. Is blank, 7, 10, or, 12 numerics. <b>Note:</b> Extensions optional.
Line 18-Total Form 1095-Cs	Total number of Forms 1095-C submitted with this transmittal	Enter the number present on the document.
Line 19- Authoritative ALE Member	Is this the authoritative transmittal for this ALE Member? If "yes," check the box and continue...	Enter <b>"X"</b> if marked.
Line 20-Total Form 1095-C on behalf of ALE	Total number of Forms 1095-C filed by and/or on behalf of ALE Member...	Enter the number if present. <ul style="list-style-type: none"> <li>Numbers only.</li> <li>Leave the entry blank or blank the field if it has alpha characters or words.</li> </ul>
Line 21-ALE Member of group- Yes	Is ALE Member a member of an Aggre- gated ALE group?... Yes box	Enter <b>"X"</b> if the <b>"Yes"</b> box is marked.
Line 21-ALE Member of group-No	Is ALE Member a member of an Aggre- gated ALE group?... No box	Enter <b>"X"</b> if the <b>"No"</b> box is marked.
Line 22-Offer Method	Line 22 box <b>"A"</b> Qualifying Offer Method	Enter <b>"X"</b> if the box is marked.

## Exhibit 3.41.267-6 (Cont. 13) (01-01-2025)

## Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns - Page 1
Line 22-98% Offer	Line 22 box "D" 98% Offer Method	Enter "X" if the box is marked.

OE/DV Screen Prompt Page 2	Description Page 2	Instructions Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns - Page 2
Line 23-12 months-Essential Coverage-Yes	First check box in column (a) "Yes" row 23 Minimum Essential Coverage Offer Indicator labeled Yes	Enter an "X" if the "Yes" box is checked.
Line 23-12 months-Essential Coverage-No	Second check box in column (a) "No" row 23 Minimum Essential Coverage Offer Indicator labeled No	Enter an "X" if the "No" box is checked.
Line 23-12 months-Full Time count	Column (b) Full-Time Employee Count for ALE Member	Enter the number from line 23 column (b) if present. <ul style="list-style-type: none"> <li>Whole numbers or blank is valid.</li> <li>Do not enter fractions, decimal points, or numbers to the right of a decimal point.</li> <li>Do not round up or down if a fractional or decimal is entered by the filer.</li> <li>Do not enter zeros: 0, 00, 00.00, or, 0.00 etc.</li> </ul>
Line 23-12 months-Total Emp. Count	Column (c) Total Employee Count for ALE Member	Enter the number from line 23 column (c) if present. <ul style="list-style-type: none"> <li>Whole numbers or blank is valid.</li> <li>Do not enter fractions, decimal points, or numbers to the right of a decimal point.</li> <li>Do not round up or down if a fractional or decimal is entered by the filer.</li> <li>Do not enter zeros: 0, 00, 00.00, or, 0.00 etc.</li> </ul>
Line 23-12 months-Agg. Group Ind	Column (d) Aggregated Group Indicator	Enter an "X" if the box is checked.
Line 24-Jan-Essential Coverage-Yes through Line 35-Dec-Essential Coverage-Yes	First check box in column (a) "Yes" row 24 Minimum Essential Coverage Offer Indicator labeled Yes	Enter "X" if the "Yes" box is marked.

# Affordable Care Act Information Return Processing on Service Center Recognition/Image Processing System 3.41.267

page 75

Exhibit 3.41.267-6 (Cont. 14) (01-01-2025)

## Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 2	Description Page 2	Instructions Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns - Page 2
Line 24-Jan-Essential Coverage-No through Line 35-Dec-Essential Coverage-No	Second check box in column (a) “No” row 24 Minimum Essential Coverage Offer Indicator labeled No	Enter “X” if the “No” box is marked. <b>Note:</b> Instructions repeat for all entries on line 23, All 12 Months, (row 2) to line 35, Dec, (row 14).
Line 24-Jan-Full-Time count through Line 35-Dec-Full Time count	Column (b) Section 4980H Full-Time Employee Count for ALE Member	Enter the number from line 24 column (b) if present.
Line 24-Jan-Total Emp. Count through Line 35-Dec-Total Emp. Count	Column (c) Total Employee Count for ALE Member	Enter the number from line 24 column (c) if present.
Line 24-Jan-Agg. Group Ind through Line 35-Dec-Agg. Group Ind	Column (d) Aggregated Group Indicator	Enter an “X” if the box is checked.

OE/DV Screen Prompt Page 3	Description Page 3	Instructions Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns - Page 3
Line 36-Name	Name of Other ALE Members of Aggregated ALE Group	Enter the full name shown if present. Enter a space for any illegible characters. Do not leave two consecutive spaces.
Line 36-EIN	EIN of Other ALE Members of Aggregated ALE Group	Enter the EIN if present. <ul style="list-style-type: none"> <li>Enter a period for illegible characters.</li> <li>If more than nine-digits enter the first nine-digits.</li> </ul>
Line 37-65-Name	Name of Other ALE Members of Aggregated ALE Group	Use instruction for Line 36-Name for any entries present for Line 37-65-Name.
Line 37-65-EIN	EIN of Other ALE Members of Aggregated ALE Group	Repeat instruction for Line 36-EIN for any entries present for Line 37-65-EIN.

## Exhibit 3.41.267-6 (Cont. 15) (01-01-2025)

## Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1095-C, Employer-Provided Health Insurance Offer and Coverage - Page 1
Tax Year	(located top right-hand of form)	<p>The tax year is a <b>must</b> enter field entry.</p> <ul style="list-style-type: none"> <li>Enter the tax year printed/present in the upper right-hand corner of the form.</li> <li>Requires two consecutive matching and valid entries to leave the field.</li> </ul> <p><b>Reminder:</b> Valid tax years: 2024, 2023, 2022, and 2021.</p> <ul style="list-style-type: none"> <li>Enter “00” when an invalid tax year is present, or the year does not match the transmittal. Then select “yes” when prompted to delete the return.</li> </ul> <p><b>Note:</b> The system 1) recognizes the tax year present and 2) presents the year for site verification before releasing from the field.</p>
Void	VOID Box	<p>Enter “X” if marked or if the document is blank.</p> <p><b>Note:</b> Consider all data on the form invalid if the filer marks the void box, writes void on the form, marks through the entire form or the SCRIPS operator has voided the return due to duplication within the submission.</p>
Corrected	CORRECTED Box	Enter “X” if marked.
Line 1-Employee First Name	Employee first name	<p>Enter the first name if present or you can determine it. If any character in the name is illegible enter a space for the illegible character.</p> <p>Do not leave two consecutive spaces.</p> <p>If it is not possible to determine first, middle initial, and last name place the entire name in last/full name.</p>
Line 1-Employee Middle Initial	Employee middle initial	Enter the <b>middle initial</b> if present or you can determine it.
Line 1-Employee Last/Full Name	Employee last name/full name	<p>Enter the last name.</p> <p>If any character in the name is illegible enter a space for the illegible character.</p> <p>Do not leave two consecutive spaces.</p> <p>If it is not possible to determine first, middle initial, and last name place the entire name in this field.</p> <p>Enter suffixes after the last name entry.</p>

## Exhibit 3.41.267-6 (Cont. 16) (01-01-2025)

### Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1095-C, Employer-Provided Health Insurance Offer and Coverage - Page 1
Line 2-SSN	Social security number (SSN)	<p>Enter the nine-digit SSN present.</p> <ul style="list-style-type: none"> <li>If the SSN is more than nine-digits enter the first nine-digits.</li> <li>If any digit is illegible or missing enter a period for the illegible or missing digit.</li> </ul> <p><b>Exception:</b> If more than 50 percent of the SSNs in the UW appear redacted suspend under Supervisor Request.</p> <ul style="list-style-type: none"> <li>If blank, single repeating digit such as 11111111, 22222222, etc., or sequential 123456789 do not enter data. Press &lt;Enter&gt;.</li> </ul> <p><b>Exception:</b> If 50 percent or more of the SSNs in the UW meet the conditions above suspend under Supervisor Request.</p>
Line 3-Address	Street address	<p>Enter the street address from the form.</p> <p>If a foreign address, enter the address.</p>
Line 4-City	City or town	<p>Enter the name of the city.</p> <p>If a foreign address is present, enter the city.</p>
Line 5-State/Province	State or province	<p>Enter the two-character code for the state listed on the document.</p> <p>If a foreign address, enter the province.</p>
Line 6-Zip/Foreign Postal Code	Country and ZIP or foreign postal code	<p>Enter the five-digit ZIP Code. If missing, press &lt;Enter&gt; to bypass this field.</p> <p>If a foreign address, enter the Country and/or foreign postal code.</p>
Line 7-Employer Name	Name employer	<p>Enter the full name shown. If any character in the name is illegible enter a space for the illegible character. Do not leave two consecutive spaces.</p> <p>If the name is missing and is not present press &lt;Enter&gt;.</p>
Line 8-EIN	Employer identification number	<p>Enter the nine-digit EIN present.</p> <p>If the EIN is missing or is more than or less than nine-digits press &lt;F11&gt; to perfect the EIN.</p>
Line 9-Address	Street address	<p>Enter the street address from the form.</p> <p>If a foreign address, enter the address.</p> <p><b>Note:</b> If the Address is incomplete or illegible press &lt;F11&gt; to perfect the data. See IRM 3.41.267.9 (10) for information.</p>

## Exhibit 3.41.267-6 (Cont. 17) (01-01-2025)

## Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1095-C, Employer-Provided Health Insurance Offer and Coverage - Page 1
Line 10-Contact Phone	Contact telephone number	Enter up to the first twelve numbers if present. Is blank, 7, 10, or, 12 numerics. <b>Note:</b> Extensions optional.
Line 11-City	City or town	Enter the name of the city. If a foreign address is present, enter the city. <b>Note:</b> If the City is incomplete or illegible press <F11> to perfect the data. See IRM 3.41.267.9 (10) for information.
Line 12-State/Province	State or province	Enter the two-character code for the state listed on the document. If a foreign address, enter the province. <b>Note:</b> If the State is incomplete or illegible press <F11> to perfect the data. See IRM 3.41.267.9 (10) for information.
Line 13-Zip/ Foreign Postal Code	Country and ZIP or foreign postal code	Enter the five-digit ZIP Code. If missing, press <Enter> to bypass this field. If a foreign address, enter the Country and/or foreign postal code. <b>Note:</b> If the ZIP is incomplete or illegible press <F11> to perfect the data. See IRM 3.41.267.9 (10) for information.
<b>Tax Years ≥ 2020</b> Part II Employee's Age	<b>Employee's Age on January 1</b>	Enter the number present. A number 1 through 120 or blank is valid. If no entry is present, or the entry is invalid or illegible blank the field. <b>Example:</b> Delete invalid entries such as 123 or years old.
Part II-Plan Month	<b>Plan Start Month</b> (Enter a two-digit number):	Enter the one or two-digit number present. 00 through 12 is valid. Enter 00 if no entry is present. If month is written in (January through December) or an abbreviation for a month (Jan through Dec) enter the corresponding two-digit month. <b>Caution:</b> Scan the entire Plan Start Month area for an entry.

**Exhibit 3.41.267-6 (Cont. 18) (01-01-2025)**

**Affordable Care Act Information Return Transcription Sheets**

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1095-C, Employer-Provided Health Insurance Offer and Coverage - Page 1
Line 14-All 12 months	Offer of Coverage (enter required code)	<p>Enter the numeric alpha combination present on the document.</p> <ul style="list-style-type: none"> <li>Valid character combinations: “1A” through “1Z.”</li> <li>If multiple codes appear enter the first code combination in the column.</li> <li>Remove invalid combinations.</li> </ul> <p><b>Example:</b> Delete invalid combinations such as “A1” and “11.”</p>
Line 14-Jan through Line 14-Dec	Offer of Coverage (enter required code)	<p>Enter the numeric alpha combination present on the document.</p> <ul style="list-style-type: none"> <li>Valid character combinations: “1A” through “1Z.”</li> <li>If multiple codes appear present enter the first code combination in the column.</li> <li>Remove invalid combinations.</li> </ul> <p><b>Example:</b> Delete invalid combinations such as “A1” and “11.”</p> <p><b>Note:</b> Instructions repeat for all entries on line 14, All 12 Months, (column 2) to Dec (column 14).</p>
Line 15-All 12 months	Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	<p>Enter the dollar amount from line 15 column All 12 Months.</p> <p>Enter the amount in dollars only.</p> <p>Enter a single zero if 0 or 00 is present.</p> <p>Blank the field if a negative figure or a negative 0 is present. Use the space bar to a blank field.</p>
Line 15-Jan through Line 15-Dec	Employee Required Contribution (see instructions)	<p>Enter the dollar amount from line 15 column Jan.</p> <p>Enter the amount in dollars only.</p> <p>Enter a single zero if 0 or 00 is present.</p> <p>Blank the field if a negative figure or a negative 0 is present. Use the space bar for a blank field.</p> <p><b>Note:</b> Instructions repeat for all entries on line 15, All 12 Months, (column 2) to Dec (column 14).</p>
Line 16-All 12 months	Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	<p>Enter the numeric alpha combination present on the document.</p> <ul style="list-style-type: none"> <li>Valid character combinations “2A” through “2J.”</li> <li>If multiple codes appear enter the first code combination in the column.</li> <li>Remove invalid character combinations.</li> </ul>

## Exhibit 3.41.267-6 (Cont. 19) (01-01-2025)

## Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 1	Description Page 1	Instructions Form 1095-C, Employer-Provided Health Insurance Offer and Coverage - Page 1
Line 16-Jan through Line 16-Dec	Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	Enter the numeric alpha combination present on the document. <ul style="list-style-type: none"> <li>Valid character combinations: “2A” through “2J.”</li> <li>If multiple codes appear enter the first code combination in the column.</li> <li>Remove invalid character combinations.</li> </ul> <b>Note:</b> Instructions repeat for all entries on line 16, All 12 Months, (column 2) to Dec (column 14).
<b>Tax Years ≥ 2020</b> Line 17 All 12 Months	ZIP Code	Enter the five-digit ZIP Code. If blank, incomplete, or illegible press <Enter> to bypass this field. If too long enter the first five-digits present.
<b>Tax Years ≥ 2020</b> Line 17-Jan through Line 17-Dec	ZIP Code	Enter the five-digit ZIP Code. If blank, incomplete, or illegible press <Enter> to bypass this field. If too long enter the first five-digits present. <b>Note:</b> If there is an entry in Line 17 All 12 months, DO NOT enter zip code in boxes for Line 17 Jan Dec, press <Enter>.

OE/DV Screen Prompt Page 3	Description Page 3	Instructions Form 1095-C, Employer-Provided Health Insurance Offer and Coverage - Page 3
Employer-Provided Self-Insure Coverage	Part III If Employer provided self-insured coverage, check the box and enter the information for...	Enter “X” if marked.
Line 18(a)-Covered Ind. through Line 30(a)-Covered Ind. First Name	Covered individual(s) first name	Enter the first name if present or if you can determine it. If any character in the name is illegible enter a space for the illegible character. Do not leave two consecutive spaces. If it is not possible to determine first, middle initial, and last name place the entire name in last/full name.



Exhibit 3.41.267-6 (Cont. 20) (01-01-2025)

Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 3	Description Page 3	Instructions Form 1095-C, Employer-Provided Health Insurance Offer and Coverage - Page 3
Line 18(a)- Covered Ind. <b>through</b> Line 30(a)- Covered Ind. Middle Initial	Covered individual(s) middle initial	Enter the <b>middle initial</b> if present or if you can determine it.
Line 18(a)- Covered Ind. <b>through</b> Line 30(a)- Covered Ind. Last/Full Name	Covered individual(s) last name/full name	Enter the last name. If any character in the name is illegible enter a space for the illegible character. Do not leave two consecutive spaces. If it is not possible to determine first, middle initial, and last name place the entire name in this field. Enter suffixes after the last name entry.
Line 18(b)-SSN or other TIN <b>through</b> Line 30(b)-SSN or other TIN	SSN or other TIN	Enter the nine-digit SSN present. <ul style="list-style-type: none"> <li>If the SSN is more than nine-digits enter the first nine-digits.</li> <li>If any digit is illegible or missing enter a period for the illegible or missing digit.</li> </ul> <p><b>Exception:</b> If more than 50 percent of the SSNs in the UW appear redacted suspend under Supervisor Request.</p> <ul style="list-style-type: none"> <li>If blank, single repeating digit such as 111111111, 222222222, etc., or sequential 123456789 do not enter data. Press &lt;Enter&gt;.</li> </ul> <p><b>Exception:</b> If 50 percent or more of the SSNs in the UW meet the conditions above suspend under Supervisor Request.</p> <p><b>Exception:</b> If name matches line 1 and the SSN is present on line 2 mirror the entry for line 2.</p> <p><b>Caution:</b> Do not enter any data present in columns (b, c, d, or e) if there is no corresponding name present in column (a).</p>

## Exhibit 3.41.267-6 (Cont. 21) (01-01-2025)

## Affordable Care Act Information Return Transcription Sheets

OE/DV Screen Prompt Page 3	Description Page 3	Instructions Form 1095-C, Employer-Provided Health Insurance Offer and Coverage - Page 3
Line 18(c)-DOB <b>through</b> Line 30(c)-DOB	DOB (If SSN or other TIN is not available)	Enter the date of birth if present in MMDDYYYY format if a complete date is present.  <b>Caution:</b> If any of one of MM, DD, or YYYY is missing the remaining combination “ <b>is not</b> ” a DOB. Do not enter partial data in the field.  <b>Caution:</b> <b>Do not enter any data present</b> in columns (b, c, d, or e) if there is no corresponding name present in column (a).
Line 18(d)-12 Months <b>through</b> Line 30(d)-12 Months	Covered all 12 months	Enter “ <b>X</b> ” if marked.  <b>Caution:</b> <b>Do not enter any data present</b> in columns (b, c, d, or e) if there is no corresponding name present in column (a).
Line 18(e)-Jan <b>through</b> Line 30(e)-Dec	Months of coverage Jan through Dec	Enter “ <b>X</b> ” if marked.  <b>Caution:</b> <b>Do not enter any data present</b> in columns (b, c, d, or e) if there is no corresponding name present in column (a).

## Exhibit 3.41.267-7 (01-01-2022)

### Valid Characters

OE/DV Screen Prompt	Valid Characters
First Name	<ol style="list-style-type: none"> <li>1. Alphas (<b>A through Z</b>)</li> <li>2. Numerics (<b>0 through 9</b>)</li> <li>3. Hyphen (-)</li> <li>4. Blank/Space</li> </ol> <p><b>Note:</b> Never enter two consecutive spaces.</p> <ol style="list-style-type: none"> <li>5. Maximum 35 characters</li> </ol> <p><b>Caution:</b> Do not enter other characters even if present on the form.</p>
Middle Initial	<ol style="list-style-type: none"> <li>1. Alphas (<b>A through Z</b>)</li> <li>2. Maximum 1 character</li> </ol>
Last/Full Name	<ol style="list-style-type: none"> <li>1. Alphas (<b>A through Z</b>)</li> <li>2. Numerics (<b>0 through 9</b>)</li> <li>3. Hyphen (-)</li> <li>4. Blank/Space</li> </ol> <p><b>Note:</b> Never enter two consecutive spaces.</p> <ol style="list-style-type: none"> <li>5. Ampersand (&amp;)</li> <li>6. Maximum 35 characters</li> </ol> <p><b>Caution:</b> Do not enter other characters even if present on the form.</p>
Address Line	<ol style="list-style-type: none"> <li>1. Alphas (<b>A through Z</b>)</li> <li>2. Numerics (<b>0 through 9</b>)</li> <li>3. Hyphen (-)</li> <li>4. If blank, enter "<b>Z</b>"</li> <li>5. Slash (/)</li> <li>6. Asterisk (*) only valid in first position for PO Box</li> <li>7. Space</li> </ol> <p><b>Note:</b> Never enter two consecutive spaces.</p> <ol style="list-style-type: none"> <li>8. Maximum 35 characters</li> </ol> <p><b>Caution:</b> Do not enter other characters even if present on the form.</p>
City Line	<ol style="list-style-type: none"> <li>1. Alphas (<b>A through Z</b>)</li> <li>2. If blank, enter "<b>ZZZ</b>"</li> <li>3. Space</li> </ol> <p><b>Note:</b> Space for all special characters in the city/state line with except for an apostrophe. Never enter two consecutive spaces and leave no space for the apostrophe.</p> <ol style="list-style-type: none"> <li>4. Maximum 25 characters</li> </ol> <p><b>Caution:</b> Do not enter other characters even if present on the form.</p>

**Exhibit 3.41.267-7 (Cont. 1) (01-01-2022)****Valid Characters**

<b>OE/DV Screen Prompt</b>	<b>Valid Characters</b>
State Line	<ol style="list-style-type: none"> <li>1. Alphas (<b>A through Z</b>)</li> <li>2. Blank/Space</li> <li>3. Maximum 2 characters</li> </ol> <p><b>Note:</b> Domestic addresses outweigh foreign addresses in the presence of both.</p>
Province Line	<ol style="list-style-type: none"> <li>1. Alphas (<b>A through Z</b>)</li> <li>2. Blank/Space</li> <li>3. Maximum 17 characters</li> </ol> <p><b>Note:</b> Domestic addresses outweigh foreign addresses in the presence of both.</p>
ZIP Code	<ol style="list-style-type: none"> <li>1. Numerics (<b>0-9</b>)</li> <li>2. Space</li> <li>3. Maximum five or nine numerics</li> </ol> <p><b>Reminder:</b> The ZIP Code is consistent with the ZIP Code tables listed in Exhibit 3.41.267-2, Exhibit 3.41.267-3, Exhibit 3.41.267-4, and Exhibit 3.41.267-5.</p>
Country/Foreign postal code	<ol style="list-style-type: none"> <li>1. Alphas (<b>A through Z</b>)</li> <li>2. Numerics (<b>0-9</b>)</li> <li>3. Maximum 35 characters</li> </ol> <p><b>Reminder:</b> The ZIP Code is consistent with the ZIP Code tables list in Exhibit 3.41.267-2, Exhibit 3.41.267-3, Exhibit 3.41.267-4, and Exhibit 3.41.267-5.</p>
Contact Phone	<ol style="list-style-type: none"> <li>1. Seven, 10 or 12-digits (numbers)</li> <li>2. Numeric (<b>0-9</b>)</li> <li>3. Space</li> </ol>
Date of Birth (DOB, DOB)	<ol style="list-style-type: none"> <li>1. Numeric (<b>0-9</b>)</li> <li>2. Format MMDDYYYY</li> <li>3. Blank/Space</li> </ol>
Checkboxes	<ol style="list-style-type: none"> <li>1. Alpha "<b>X</b>"</li> <li>2. Blank</li> </ol>

## Exhibit 3.41.267-8 (05-03-2017)

### Unit Production Card (UPC) Inputs for Batch/Block Tracking System (BBTS)

SCRIPS Report Number or Source	Report Name	Identifier	Applicable Program Number	BBTS Receipts (Yes or No)	BBTS Production (Yes or No)
IPS0083	Workstation Operator Statistics Program and Function Summary Report		460-44320 470-44320 480-44320	Yes	Yes
Receipt and Control release to SCRIPS	Local Reports		500-44320	Yes	No
IPS01119	Run Balance Report	Total Records Processed	500-44320	No	Yes
IPS06440	Throughput Statistics Report	Total Documents for all scandrivers minus Total records deleted on IPS01119	450-44320	Yes	No
IPS01119 Total Records Processed	Run Balance Report	Data Records Output	450-44320	No	Yes

