

Corrected Submission 4C Narratives – (Test Scenarios 4C-0, 4C-1, 4C-3)

This scenario is designed to correct an error identified by the transmitter, or issuer, in the previously submitted Scenarios 4-1 and 4-3. This scenario will be submitted as a correction record of a previously accepted submission. Populate the Corrected Unique Record ID (CURID) with the Unique Record ID (URID) that the IRS returned in the “Accepted Acknowledgement” for Scenario 4.

Prerequisite: You must have an “Accepted Acknowledgement” for the previously submitted scenarios 4-1 and 4-3 before you can submit the Corrected Submission 4C.

Instructions: Prepare a corrected submission for Gammtestfour State.

Corrections

Correction to Scenario 4-1: It was previously reported that Erika Gaviton’s share of the lowest cost monthly premium for self only minimum essential coverage was \$105.00 per month. It has now been determined that the correct amount should have been \$108.00 for all 12 months of 2015.

Correction to Scenario 4-3: It was previously reported that Gammtestfour County offered minimum essential coverage providing minimum value, for their full time employee, Larry Gavizonlas (Social Security Number (SSN) 000000433) and at least minimum essential coverage to his dependent(s) (not his spouse) from August 1st to December 31st (inclusive).

It has now been determined that the coverage offer period should have been July 1st to December 31st (inclusive). He was not employed by Gammtestfour County from January 1st to June 30th (inclusive).

Submission Narrative

Gammtestfour County (Employer Identification Number (EIN) 000000401), 2946 Pear Street, West Bend, WI 53095 is an Applicable Large Employer (ALE).

Danny Whitney is the point of contact for Gammtestfour County and can be reached at 5551452365.

This is not the Authoritative Transmittal for Gammtestfour County.

Gammtestfour State is the Designated Government Entity (EIN 000000407), 1155 Alder Avenue, Madison, WI 53703.

Sam Castle is the point of contact for Gammtestfour State and can be reached at 5551115555.

Signature, Title and Date on the signature line should be blank.

General Information for Forms 1095C:

While not required, Gammtestfour County chooses to enter the following optional Plan Start Month on each Form 1095-C: "01"

Original Scenario 4-1 Employee 1: Erika Gaviton

Gammtestfour County offered coverage to their Full-Time Employee, Erika Gaviton, for all 12 months in 2015. They offered minimum essential coverage providing minimum value for Erika Gaviton (Social Security Number (SSN) 000000411) and her dependent(s) (not spouse).

Erika's share of the lowest cost monthly premium for self only minimum essential coverage was \$105.00 per month. She enrolled in the coverage offered January 1st through December 31st (inclusive), and the employer entered a code on line 16 to report that coverage.

Note: There are two correct ways to complete this form. Please select the "All 12 Months" box on lines 14 through 16. Both treatments are acceptable in Production. This constraint applies only to the AATS test environment.

Erika Gaviton resides at 1919 Pine Avenue, Germantown, WI 53022.

Original Scenario 4-3 Employee 3: Larry Gavizonlas

Gammtestfour County offered coverage to their Full-Time Employee, Larry Gavizonlas, from August 1st through December 31st (inclusive). They offered minimum essential coverage providing minimum value for Larry Gavizonlas (SSN 000000433) and at least minimum essential coverage to his dependent(s) (not spouse).

Larry's share of the lowest cost monthly premium for self only minimum essential coverage was \$205.00 per month. He enrolled in coverage offered for the months of

August 1st through December 31st (inclusive). He was not employed by Gammtestfour County from January 1st to July 31st.

Note: There are two correct ways to complete this form. Safe Harbor codes are optional on Line 16. Enter Section 4980H Safe Harbor Codes for each month of the year.

Larry Gavizonlas resides at 2546 Red Cedar Lane, Germantown, WI 53022.