

Tax Year 2016 / Processing Year 2017

Predefined Scenarios

Submission 7 Narratives – (Test Scenarios 7-0, 7-1)

Instructions: Prepare a transmission using the Tax Year 2016 1094-C and 1095-C Forms for an Applicable Large Employer (ALE). In this scenario, Carrtestseven is the ALE who will be reporting health coverage information for one employee. This ALE does not offer Employer Self Insured Coverage.

1094-C Submission Narrative Information

Scenario 7-0

Part I ALE Information

ALE Name: Carrtestseven

Employer Identification Number (EIN): 00-0000710

Address: 109 Cypress Cove, Wimberley, TX 78676

ALE Point of Contact: Carla Hayes

ALE Point of Contact Phone Number: 5551552899

There is a total of 1 1095-C included with this transmittal.

This is the authoritative transmittal for Carrtestseven.

Part II ALE Member Information

Carrtestseven will have a total of 103 Form 1095-Cs filed by and/or on its behalf.

Carrtestseven was not an ALE member of an Aggregated ALE Group.

While it is not required to check any boxes on line 22 and more than one method may be applicable for an ALE, Carrtestseven qualifies for and is only choosing to use the 98% Offer Method.

Signature, title and date can be left blank, as there is no requirement for these elements within TY2016.

Part III ALE Member Information – All 12 Months

Carrtestseven offered minimum essential coverage (column a) to at least 95% of their Full-Time Employees and dependents from January 1st through December 31st (inclusive).

Since Carrtestseven qualifies for the 98% Offer Method (line 22D) they are not required to include a Full-Time Employee Count (column b).

The Total Employee Count (column c) was 103 for all 12 months.

Note: There are 2 correct ways to complete this form. Entries on the All 12 Months line (line 23) or within each of the individual month lines (lines 24-35). **In this 1094-C submission these entries should be completed within the All 12 Months line 23.**

1095-C Record Narrative Information

Scenario 7-1 Employee #1

Part I Employee

Employee: Scarlett Camen

SSN: 000-00-0701

Address: 420 Falcon Lane, San Juan Capistrano, CA 92693

Part II Employee Offer of Coverage

Carrtestseven chooses to enter a Plan Start Month of January (“01”) showing the month in which the plan year begins.

Carrtestseven offered minimum essential coverage providing minimum value for their employee, Scarlett Camen, and at least minimum essential coverage to her dependent(s)(not spouse) from January 1st to December 31st (inclusive).

Scarlett’s Employee Required Contribution, for Self-Only Minimum Coverage was \$115.00 per month. She enrolled in the coverage that was offered to her for All 12 months.

Carrtestseven entered the Applicable Section 4980H Safe Harbor Code for the months Scarlett was enrolled in the coverage her employer offered for all 12 months of the 2016 tax year.

Note: There are 2 correct ways to complete this form. In this scenario entries for the Offer of Coverage, Employee Required Contribution and Safe Harbor Codes should be entered in the All 12 months column.