Form 1095-C xml Schema Elements Form1095CUpstreamDetailType	Form Line Number	eFile Type	eFile Type Definition	minOccurs	maxOccurs	Element Required or Optional*	Description
Recordid	N/A	RecordidType	string maxLength value="10" pattern value="[1-9][0-9]*"	1	1	Required	A sequential number (non-negative integer) that uniquely identifies each record within a submission - every Form 1095-C requires a <i>Recordid . Recordid s</i> should start at 1 and increment by 1 sequentially for each Form 1095-C in the submission.
TestScenariold	N/A	TestScenarioIdType	string pattern ([1-9] [1-9][0-9])C{0,1}-([0-9] [1- 9][0-9])	0	1	Optional	The TestScenariold is only applicable to transmissions submitted to AATS and identifies which test scenario the Form 1095-C represents.
CorrectedInd	N/A	DigitBooleanType	string enumerations: "0" or "1"	1	1	Required	CorrectedInd indicates if the record is an original (0) or a correction (1) to a record that the IRS has already received, processed, and accepted.
CorrectedRecordRecipientGrp	N/A	CorrectedRecordRecipientGrpType	complexType	0	1	Optional	CorrectedRecordRecipientGrp contains information to identify the submission being corrected.
CorrectedUniqueRecordId	N/A	UniqueRecordIdType	string pattern value="[^\s].[^\s]{1,80}\ [1-9]{1}[0- 9]{0,15}\ [1-9]{1}[0-9]{0,15}"	1	1	Required	CorrectedUniqueRecordId is the unique identifier of the record being corrected. ReceiptId SubmissionId RecordId
Choice: CorrectedRecRecipientPranhame or CorrectedRecRecipientNome	N/A	OtherCompletePersonNameType or BusinessNameType		1	1	Required	If CorrectedRecordRecipientGro is present, there is a required choice between CorrectedRecRecipientPrsnName and CorrectedRecRecipientName. (CorrectedRecRecipientName is used only when the Responsible Individual on the original 1095-8 is a business.)
CorrectedRecRecipientPrsnName	N/A	OtherCompletePersonNameType	complexType	1	1	Required	The CorrectedRecRecipientPrsnName is a complex element. This is the name of the person reported on the record being corrected.
PersonFirstNin	N/A	PersonFirstNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	1	1	Required	The PersonFirstNim is required if CorrectedRecRecipientPrsnNome is included in the xml. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
PersonMiddleNm	N/A	PersonMiddleNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	0	1	Optional	The PersonMiddleNm is not required. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
PersonLostNm	N/A	PersonLastNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	1	1	Required	The PersonLostNm is required if CorrectedRecRecipientPrsnName is included in the xnl Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
Suffiction	N/A	SuffixNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	0	1	Optional	The Sufflown is not required. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
CorrectedRecRecipientName	N/A	BusinessNameType		1	1	Required	The CorrectedRecRecipientName is a complex element. This is the name of the business reported on the record being corrected. This is for Form 1095-B corrections only when the Responsible Individual is a business.
BusinessNameLine1Txt	N/A	BusinessNameLine1Type	string maxLength value="75" pattern ([A-Za-z0-9\-\(\)&'] ?)*[A-Za-z0-9\-\(\)&']	1	1	Required	The BusinessNameLine17ar is required. This is the business name of the Responsible Individual on Form 1095-B (Responsible Individual on Form 1095-B (Regal Characters: A.Z. a.Z. 0.9) Myphen, parentheses, ampersand, apostrophe and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
BusinessNameLine2Txt	N/A	BusinessNameLine2Type	string maxLength value="75" pattern ([A-Za-20-9/%\-\(\)&'] ?)*[A-Za-z0-9\-\(\)&']	0	1	Optional	The BusinessNameLine2Txt is optional. This is the business name of the Responsible Individual on Form 1095-8. Legal Characters: A-2, a-2, 0-9, slash, percent, hyphen, parentheses, ampersand, apostrophe and single space. [legal Characters: leading space, trailing space, adjacent spaces, and other symbols.
CorrectedRecRecipientTIN	N/A	ТІΝТуре	string pattern [0-9]{9}	0	1	Optional	The CorrectedRecRecipientTIN is the TIN of the Payee that was reported on the record being corrected.
TaxYr	N/A	YearType	string pattern value="[1-9][0-9]{3}"	1	1	Required	IRS $Tax Yr$ is required. It is the tax year for which the data on the Form 1095-C is being submitted.
EmployeeInfoGrp	N/A	EmployeeInformationGrpType	complexType	1	1	Required	The EmployeeInfoGrp is required.
OtherCompletePersonName	N/A	Other Complete Person Name Type	complexType	1	1	Required	The OtherCompletePersonName is required.
PersonFirstWm	Line 1	PersonFirstNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	1	1	Required	The PersonFirstNm is required. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
PersonMiddleNm	Line 1	PersonMiddleNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	0	1	Optional	The PersonMiddleNm is not required. Typically used for a person's Middle name. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Character: leading space, trailing space, adjacent spaces, and
PersonLastNm	Line 1	PersonLastNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	1	1	Required	The PersonLastNm is required. Typically used for a person's last name. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other
Sufficient	Line 1	SuffixNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	0	1	Optional	The SuffixNm is not required. Typically used for a person's Suffix. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other
PersonNameControlTxt	N/A	PersonNameControlType	string maxlength value = "4" [A-Z][A-Z\-]{0,3}	0	1	Optional	The PersonNameControlTxt is a string that conforms to the pattern described in the xml Schema. Legal Characters: A-Z, hyphen and space. Illegal Characters: numbers and symbols
TINRequestTypeCd	N/A	TINRequestTypeCodeType	string enumerations: INDIVIDUAL_TIN	0	1	Optional	The TINRequestTypeCd is a code used to identify the TIN Request Type of the employee. The code for the Employee should be INDIVIDUAL_TIN.
SSN	Line 2	SSNType	string pattern [0-9]{9}	0	1	Optional	The SSN is the 9 digit Social Security Number or Taxpayer Identification Number of the employee.
MailingAddressGrp	Lines 3-6	BusinessAddressGrpType	complexType	0	1	Optional	MailingAddressGrp is a choice of USAddressGrp or ForeignAddressGrp .

USAddressGrp	N/A	USAddressGrpType	complexType	1	1	Required	USAddressGrp is a complex element.
AddressLine1Txt	Line 3	StreetAddressType	string maxLength="35" pattern [A-Za-20-9](?[A-Za-20-9\-/])*	1	1	Required	AddressLine17xt is the first line containing the street address of the employee. This simple element is required if the xml includes USAddressGrp. Legal Characters: A-Z, a-z, 0-9, hyphen, slash and single space. Illegal Character:
AddressLine2Txt	Line 3	StreetAddressType	string maxLength="35"	0	1	Optional	AddressLine2Txt is an optional second line containing the street address of the employee.
CityNm	Line 4	CityType	pattern [A-Za-z0-9](?[A-Za-z0-9\-/])* string maxLength="22"	1	1	Required	Legal Characters: A-Z, a-z, 0-9, hyphen, slash and single space. Illegal Character: CityNm is the name of the city of the employee. This simple element is required if the xml includes USAddressGrp.
USStateCd	Line 5	StateType	pattern ([A-Za-z] ?)*[A-Za-z] string 2 character code required as specified in	1	1	Required	USStateCd is the abbreviation for the state, US Territory, or Military designation of the employee. This simple element is required if the xml includes USAddressGrp.
USZIPCd	Line 6	USZIPCdType	the enumerations listed within the XML string pattern [0-9]{5}	1	1	Required	USZIPCd is the 5-digit zip code for the address of the employee. This simple element is required if the xml includes USAddressGrp.
USZIPExtensionCd	Line 6	USZIPExtensionCdType	string pattern [0-9]{4}	0	1	Optional	USZIPExtensionCd is the 4-digit extension zip code for the address of the employee.
ForeignAddressGrp	N/A	ForeignAddressGrpType	complexType	1	1	Required	ForeignAddressGrp is a complex element.
AddressLine1Txt	Line 3	StreetAddressType	string	1	1	Required	AddressLine1Txt is the first line containing the foreign street address of the
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	maxLength="35" pattern [A-Za-z0-9](?[A-Za-z0-9\-/])*				employee. This simple element is required if the xml includes ForeignAddressGrp. Legal Characters: A-Z, a-z, 0-9, hyphen, slash and single space. Illegal Character:
AddressLine2Txt	Line 3	StreetAddressType	string maxLength="35" pattern [A-Za-z0-9](?[A-Za-z0-9\-/])*	0	1	Optional	Address/ine2Txt is an optional second line containing the foreign street address of the employee. Legal Characters: A-2, a-z, 0-9, hyphen, slash and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
CityNm	Line 4	СіtуТуре	string maxLength="22" pattern ([A-Za-z] ?)*[A-Za-z]	0	1	Optional	CityNm is the name of the city of the employee.
Choice: CountryCd or CountryNm		CountryType of CountryNameType	pottern ((v zu z) .) (v zu z)	1	1	Required	There is a required choice between CountryCd or CountryNm.
CountryCd	Line 6	CountryType	string 2 character code required as specified in	1	1	Required	CountryCd is the Foreign Country Code of the employee. CountryCd or CountryNm is required if the xml includes ForeignAddressGrp.
CountryNm	Line 6	CountryNameType	the enumerations listed within the XML string maxLength="35"	1	1	Required	CountryNm is the Foreign Country Name of the employee. CountryNm or CountryCd is required if the xml includes ForeignAddressGrp. Legal characters: A-Z,
ForeignProvinceNm	Line 5	ForeignProvinceNameType	pattern [A-Za-z] (?[A-Za-z])* string maxLength="17" [A-Za-z0-9] (?[A-Za-z0-9\.\-/'])*	0	1	Optional	a-z, and single space ForeignProvinceVm is the name of the Province of the large employee that is filing the Form 1094-C and associated Form(s) 1095-C. Legal characters: alphas (a-z), numeric (0-9), period (.), slash (/), hyphen (-), apostrophe ('), and "blank".).
ForeignPostalCd	Line 6	ForeignPostalCodeType	string maxLength="16" [A-Za-z0-9](?[A-Za-z0-9\.\-/])*	0	1	Optional	ForeignPostalCd is the postal code of the employee that is filing the Form 1094-C and associated Form(s) 1095-C. Standard foreign postal code type definition. Legal characters: alphas (a-2), numeric (0-9), period (1,) salsh (J), hyphen (-) and blank),
The ALE Member information will be populated from Form 1094-C.	Lines 7-13	N/A	N/A	N/A	N/A	N/A	N/A
ALEContactPhoneNum	Line 10	ContactPhoneNumberType	string minLength="10" maxLength="30" pattern ([0-9])*	0	1	Optional	ALEContactPhoneNum is the phone number for the Applicable Large Employer Member who can be contacted about the information reported on the form. Omit hyphens and include extensions if applicable.
StartMonthNumberCd	N/A	PlanStartMonthType	string maxLength="2" pattern (0[0-9] 1[0-2])	0	1	Optional	StartMonthNumberCd is the Plan Start Month Number Code ("00" to "12").
EmployeeOfferAndCoverageGrp	Lines 14 - 16	EmployeeOfferAndCoverageGrpType	complexType	1	1	Required	The complex element <code>EmployeeOfferAndCoverageGrp</code> is required and contains the information to specify the type of coverage, if any, offered to an employee, the employee's spouse and the employee's dependents.
Choice: AnnualOjferOjCoverageCd or MonthlyOfferCoverageGrp	N/A	OfferCoverageType or OfferCoverageByMonthType		1	1	Required	This is a required choice of AnnualOfferOfCoverageCd or MonthlyOfferCoverageGrp.
AnnualOfferOfCoverageCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1K or 1a-1k	1	1	Required	Enter the Code Series 1 that applies. Enter the applicable code in the "All 12 Months" box only if it was the same for every month of the year. Code Series:
MonthlyOfferCoverageGrp	Line 14	OfferCoverageByMonthType	complexType	1	1	Required	"1A", "1B", "1C", "1D", "1E", "1F", "1F", "1H", "11" or "1K". (Code 11 is reserved.) Group for entering OfferOfCoverageCd monthly.
JanOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1K or 1a-1k	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "11" or "1K". (Code 1I is reserved.)
FebOfferCd	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1J" or "1K". (Code 1I is reserved.)
			enumerations 1A-1K or 1a-1k				
MarOfferCd	Line 14	OfferCoverageType	enumerations 1A-1K or 1a-1k string maxLength="2" enumerations 1A-1K or 1a-1k	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1J" or "1K". (Code 1I is reserved.)
	Line 14 Line 14	OfferCoverageType OfferCoverageType	string maxLength="2" enumerations 1A-1K or 1a-1k string maxLength="2"	0	1	Optional Optional	
MarOfferCd			string maxLength="2" enumerations 1A-1K or 1a-1k string maxLength="2" enumerations 1A-1K or 1a-1k string maxLength="2" maxLength="2"				"1F", "1G", "1H", "1J" or "1K". (Code 1I is reserved.) Enter the Code Series 1 that applies. Code Series: "1A", "1B", "1C", "1D", "1E",
MarOfferCd AprOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1K or 1a-1k string maxLength="2"	0	1	Optional	"1F", "1G", "1H", "1J" or "1K". (Code 1I is reserved.) Enter the Code Series 1 that applies. Code Series: "1A", "18", "1C", "1D", "1E", "1F", "1G", "1H", "1J" or "1K". (Code 1I is reserved.) Enter the Code Series 1 that applies. Code Series: "1A", "18", "1C", "1D", "1E",
MarOfferCd AprOfferCd MayOfferCd	Line 14	OfferCoverageType OfferCoverageType	string maxLength="2" enumerations 1A-1K or 1a-1k string maxLength="2" enumerations 1A-1K or 1a-1k string maxLength="2" enumerations 1A-1K or 1a-1k string string maxLength="2" enumerations 1A-1K or 1a-1k string	0	1	Optional Optional	"1F", "1G", "1H", "1J" or "1K". (Code 1I is reserved.) Enter the Code Series 1 that applies. Code Series: "1A", "18", "1C", "1D", "1E", "1F", "1G", "1H", "1J" or "1K". (Code 1I is reserved.) Enter the Code Series 1 that applies. Code Series: "1A", "18", "1C", "1D", "1E", "1F", "1G", "1H", "1J" or "1K". (Code 1I is reserved.) Enter the Code Series 1 that applies. Code Series: "1A", "18", "1C", "1D", "1E", Enter the Code Series 1 that applies. Code Series: "1A", "18", "1C", "1D", "1E",

SepOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1K or 1a-1k	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1J" or "1K". (Code 1I is reserved.)
OctofferCd	Line 14	OfferCoverageType	string maxLength="2"	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1J" or "1K". (Code 1I is reserved.)
NovOfferCd	Line 14	OfferCoverageType	enumerations 1A-1K or 1a-1k string maxLength="2" enumerations 1A-1K or 1a-1k	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1J" or "1K". (Code 1I is reserved.)
DecOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1K or 1a-1k	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "11" or "1K". (Code 1I is reserved.)
Choice: AnniEmployeeRequiredContriAmt or MonthlyEmployeeRequiredContriGrp	N/A	AmountType or AmountByMonthDetailType	21 20 20 20	0	1	Optional	There is an optional choice of AnnlEmployeeRequiredContriAmt or MonthlyEmployeeRequiredContriGrp .
AnnlEmployeeRequiredContriAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	1	1	Required	Complete only if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
MonthlyEmployeeRequiredContriGrp	Line 15	AmountByMonthDetailType	complexType	1	1	Required	Group for entering employee share of premium amount by month.
JanuaryAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 18, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
FebruaryAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 18, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
MarchAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
AprilAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
MayAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
JuneAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
JulyAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
AugustAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
SeptemberAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
OctoberAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
NovemberAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
DecemberAmt .	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	0	1	Optional	Complete only if code 1B, 1C, 1D, 1E, 1J or 1K is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00. Do not leave blank. Values must be entered as dollars and
Choice: AnnualSafeHarborCd or MonthlySafeHarborGrp	N/A	SafeHarborCdType or MonthlySafeHarborGrp		0	1	Optional	This is an optional choice of AnnualSafeHarborCd or MonthlySafeHarborGrp .
AnnualSafeHarborCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	1	1	Required	Enter the Code Series 2 that applies. Enter the applicable code in the "All 12 Months" box only if it is the same for all year. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", '2H".
MonthlySafeHarborGrp	Line 16	MonthlySafeHarborCdType	complexType	1	1	Required	Group for entering Code Series 2 by month.
JanSafeHarborCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
FebSafeHarborCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
MarSofeHaborCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
AprSafeHarborCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
MaySafeHarborCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
JunSafeHarborCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
JulsafeHarborCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
AugSafeHarbarCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
SepSafeHarbarCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
OctSafeHarbarCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
NovSafeHarborCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
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DecSafeHarborCd	Line 16	SafeHarborCdType	"string" maxLength="2" enumerations added 2A-2H, 2a-2h	0	1	Optional	Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H".
CoveredIndividualInd	N/A	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Enter "0" for false or "1" for true to indicate if the employer offers employer- sponsored self-insured health coverage in which the employee or other individual enrolled.
CoveredIndividualGrp	Lines 17-22	EmployerCoveredIndividualType	complexType	0	99	Optional	The complex element CoveredIndividualGrp should be present when the CoveredIndividualInd is "1". It allows for up to 99 covered individuals to be submitted on each 1095-C.
CoveredIndividualName	N/A	OtherCompletePersonNameType	complexType	1	1	Required	Covered Individual Name is a complex element. It is required when Covered Individual Grp is present in the xml.
PersonFirstNm	Lines 17(a)- 22(a)	PersonFirstNameType	string maxLength="20" ([A-Za-2\-] ?)*[A-Za-2\-]	1	1	Required	The PersonFirstNm is required if CoveredIndividualName is included in the xml. Typically used for a person's first name. Legal Characters: A-Z, a-z, hyphen and sir space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
PersonMiddleNm	Lines 17(a)- 22(a)	PersonMiddleNameType	string maxLength="20"	0	1	Optional	The PersonMiddleNm is optional. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Character: leading space.
PersonLastNm	Lines 17(a)- 22(a)	PersonLastNameType	([A-Za-z\-]?)*[A-Za-z\-] string maxLength="20" ([A-Za-z\-]?)*[A-Za-z\-]	1	1	Required	trailing space, adjacent spaces, and other symbols. The PersonLastNm is required if CoveredindividualName is included in the xml. Legal Characters: A-2, a-2, hyphen and single space. Illegal Characters: leading sp trailing space, adjacent spaces, and other symbols.
SuffieNm	Lines 17(a)- 22(a)	SuffixNameType	string maxLength="20" ([A-Za-z\-]?)*[A-Za-z\-]	0	1	Optional	The Suffishm is optional. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading sp trailing space, adjacent spaces, and other symbols.
PersonNameControlTxt	N/A	PersonNameControlType	string maxlength value = "4" [A-Z][A-Z\-]{0,3}	0	1	Optional	The PersonNameControlTxt is a string that conforms to the pattern described in xml Schema. Legal Characters: A-Z, hyphen and space. Illegal Characters: number and symbols
TINRequestTypeCd	N/A	TINRequestTypeCodeType	string enumerations: INDIVIDUAL_TIN	0	1	Optional	The TINRequestTypeCd is a string that conforms to the enumerations described the XML Schema. The enumeration for the covered individual should be INDIVIDUAL_TIN.
Choice: SSN or BirthDt	N/A	SSNType or DateType		0	1	Optional	There is an optional choice between SSN or BirthDt
SSN	Lines 17(b)- 22(b)	SSNType	string pattern [0-9]{9}	0	1	Optional	Enter the 9-digit SSN for each covered individual. For covered individuals, a Taxpayer Identification Number (TIN), rather than an SSN, may be entered if the covered individual does not have an SSN.
BirthDt	Lines 17(c)- 22(c)	DateType	date pattern value [1-9][0-9]{3}*	0	1	Optional	Enter a date of birth for the covered individual only if SSN in column (b) is blank Format should be: YYYY-MM-DD.
Choice: CoveredindividualAnnualind or CoveredindividualMonthlyIndGrp	N/A	DigitBooleanType or MonthIndGrpType		0	1	Optional	There is an optional choice of CoveredindividualAnnualind or CoveredindividualMonthlyIndGrp.
CoveredIndividualAnnualInd	Lines 17(d)- 22(d)	DigitBooleanType	string enumerations: "0" or" 1"	1	1	Required	Put "1" for true to indicate if the individual was covered for at least one day per month for all 12 months of the calendar year.
CoveredIndividualMonthlyIndGrp	N/A	MonthindGrpType	complexType	1	1	Required	CoveredIndividualMonthlyIndGrp is a group of indicators for each month of coverage.
JanuaryInd	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered for a least one day per month.
FebruaryInd	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered for least one day per month.
Marchind	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered for least one day per month.
Aprillnd	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered for least one day per month.
MayInd	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered for a least one day per month.
JuneInd	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered for least one day per month.
Julyind	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered for least one day per month.
Augustind	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered for least one day per month.
SeptemberInd	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1		Put "1" for true to indicate the months in which the individual was covered for least one day per month.
OctoberInd	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered for least one day per month.
NovemberInd	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered for least one day per month.
DecemberInd	Lines 17(e)- 22(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered for a least one day per month.
cordType	N/A	string	string	1	1	Required	The underlying COTS product requires the recordType and lineNum attributes for every record in the file. These attributes are constants: recordType =""
neNum	N/A	integer	integer	1	1	Required	lineNum="0"