

Scenario 3-1

600120

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

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.☐ VOID

OMB No. 1545-2251

☐ CORRECTED**2026**

Part I Employee				Applicable Large Employer Member (Employer)										
1 Name of employee (first name, middle initial, last name) Scarlett Camen			2 Social security number (SSN) 000000701		7 Name of employer Carrestfive					8 Employer identification number (EIN) 000000710				
3 Street address (including apartment no.) 420 Falcon Lane				9 Street address (including room or suite no.) 109 Cypress Cove					10 Contact telephone number 5551234567					
4 City or town San Juan Capistrano			5 State or province CA		11 City or town Austin					12 State or province TX				
6 Country and ZIP or foreign postal code 92693				13 Country and ZIP or foreign postal code 78755										

Part II Employee Offer of Coverage	Employee's Age on January 1								Plan Start Month (enter 2-digit number):					
	All 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	
15 Employee Required Contribution (see instructions)	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	
17 ZIP code														

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

Cat. No. 60705M

Form **1095-C** (2026) Created 4/3/26

DRAFT — DO NOT FILE

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Part III Covered Individuals

If employer-provided, self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

	(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
							Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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30						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐