

**Tax Year 2017 / Processing Year 2018**  
**Predefined Scenario**  
**Submission 1 Narratives – (Test Scenarios 1-0, 1-1, 1-2)**

**Instructions:** Prepare a transmission using the Tax Year 2017 1094-B and 1095-B Forms for a provider of health coverage. In this scenario, Hidetestone is the provider who will be reporting health coverage information for two responsible individuals.

**1094-B Submission Narrative Information**

**Scenario 1-0**

**Filer's Name:** Hidetestone

**Employer Identification Number (EIN):** 00-0000151

**Name of person to contact:** Bertha Logan

**Contact telephone number:** 5551352468

**Address:** 975 Adler Lane Suite 312

**City:** New York

**State of province:** NY

**Country and ZIP or foreign postal code:** 10023

**Total number of Forms 1095-B submitted with this transmittal:** 2

Signature, title and date can be left blank, as there is no requirement for these elements within TY2017.

**1095-B Record Narrative Information**

**Scenario 1-1 Responsible Individual #1**

**Part I Responsible Individual**

**Responsible Individual Name:** Hanna Martin

**Social Security Number (SSN):** 000-00-0101

**Date of Birth (if no SSN available):** not applicable for this scenario

**Address:** 4435 Chestnut Avenue

**City:** Madison

**State:** NC

**Country and ZIP or foreign postal code:** 27025

**Enter letter identifying Origin of the Health Coverage:** D – Individual Market Insurance

**Part II Information about Certain Employer-Sponsored Coverage** – no need to complete this section for this scenario

**Part III Issuer or Other Coverage Provider**

**Name:** Hidetestone

**Employer Identification Number (EIN):** 00-0000151

**Contact telephone number:** 5551352468  
**Address:** 975 Alder Lane Suite 312  
**City:** New York  
**State or province:** NY  
**Country and ZIP or foreign postal code:** 10023

**Part IV Covered Individuals**

Hanna and her spouse were covered for at least one day per month for “All 12 months” of the calendar year.

**Responsible Individual:** Hanna Martin 000-00-0101

**Spouse:** Isaias Martin 000-00-0102

**Note:** While it is understood that there are two correct ways to complete Part IV, in this AATS Scenario, please select the “Covered all 12 months” check box rather than entering data in each of the 12 monthly check boxes.

**Scenario 1-2 Responsible Individual #2**

**Part I Responsible Individual**

**Responsible Individual Name:** Dolly Martinez

**Social Security Number (SSN):** not on file

**Date of Birth (if no SSN available):** 1973-02-06

**Address:** 1313 Buckthorn Lane

**City:** Washington

**State:** DC

**Country and ZIP or foreign postal code:** 20026

**Enter letter identifying Origin of the Health Coverage:** D – Individual Market Insurance

**Part II Information about Certain Employer-Sponsored Coverage** – no need to complete this section for this scenario

**Part III Issuer or Other Coverage Provider**

**Name:** Hidetestone

**Employer Identification Number (EIN):** 00-0000151

**Contact telephone number:** 5551352468

**Address:** 975 Alder Lane Suite 312

**City:** New York

**State or province:** NY

**Country and ZIP or foreign postal code:** 10023

**Part IV Covered Individuals**

Dolly and her spouse were covered for at least one day per month for each month June 1<sup>st</sup> through December 31<sup>st</sup> (inclusive).

**Responsible Individual:** Dolly Martinez 1973-02-06

**Spouse:** Edward Martinez 000-00-0120