

Tax Year 2018 / Processing Year 2019
Predefined Correction Scenario
Submission 4C Correction Narratives – (Test Scenarios 4C-0, 4C-1)

Instructions: This scenario is designed to correct an error on the 1095-C that was identified by the transmitter in the previously submitted Scenario 4-1. Scenario 4C will be submitted as a correction record of a previously accepted original submission. Publication 5165 Section 7 gives additional details on submitting corrections.

Prerequisite: You must submit Scenario 4 and have an “Accepted Acknowledgement” before you can submit Scenario 4C. The information from the “Accepted Acknowledgement” in Scenario 4 will be used to submit the correction.

1094-C Submission Narrative Information

Scenario 4C-0

Part I ALE Information

ALE Name: Gammtestfour County

Employer Identification Number (EIN): 00-0000401

Address: 2946 Pear Street, West Bend, WI 53095

ALE Point of Contact: Danny Whitney

ALE Point of Contact Phone Number: 5551452365

DGE Name: Gammtestfour State Government

Employer Identification Number (EIN): 00-0000407

DGE Address: 1155 Alder Avenue, Madison, WI 53703

DGE Point of Contact: Sam Castle

DGE Point of Contact Phone Number: 5551115555

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

Only complete Part I through line 18.

Signature, title and date can be left blank, as there is no requirement for these elements within TY2018.

1095-C Record Narrative Correction Information

Scenario 4C-1

Correction to Form 1095C Scenario 4-1

It was previously reported that Ida Gavita’s share of the Employee Required Contribution for self-only minimum essential coverage was \$152.00 per month. It has now been determined that the correct amount should have been **\$108.00** for the months of January to July (inclusive).

Part I Employee

Employee: Ida Gavitas

SSN: 000-00-0422

Address: 2845 Plum Street, West Bend, WI 53095

Gammtestfour County chooses to enter a Plan Start Month of January ("01") showing the month in which the plan year begins.

Gammtestfour County did offer minimum essential coverage providing minimum value for Ida and at least minimum essential coverage to her dependent(s) and spouse from January 1st to July 31st (inclusive).

Ida's Employee Required Contribution for Self-Only Minimum Coverage was **\$108.00** per month.

She enrolled in the coverage that was offered to her for the months of January 1st to July 31st (inclusive). Ida terminated her employment on July 31st and was not offered coverage for the months from August 1st through December 31st (inclusive).

Gammtestfour County entered the Applicable Section 4980H Safe Harbor Code for the months Ida was enrolled in the coverage her employer offered from January 1st to July 31st (inclusive) and those months in which she was not employed.