| Form 1095-C xml Schema Elements Form1095CUpstreamDetailType | Form Line Number | efile Type | efile Type Definition | minoccurs | maxocurs | $\begin{gathered} \text { Element } \\ \text { Required or } \\ \text { Optional } \end{gathered}$ | Description |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Recorald | N/A | Recoralditype | string maxtengt value""10" pattern value"[1-9]0-9]" | 1 | 1 | Required | A sequential number (non-negative integer) that uniquely identifies each record at 1 and increment by 1 sequentially for each Form 1095-C in the submission. |  |
| Testscenariold | N/A | Testscenarioldrype |  | ${ }^{\circ}$ | ${ }^{1}$ | Optional |  |  |
| Correctedlind | N/A | Digitbooleantype | $\begin{aligned} & \mid \text { string } \\ & \text { senumerations: } \\ & \text { "0" or "1" } \end{aligned}$ | 1 | 1 | Required | Correctedllnd indicates if the record is an original (0) or a correction (1) to a record that the IRS has already received, processed, and accepted. |  |
| CorrectedecorordecipientGrp | N/A | CorrectedecororkecipientiopType | complextye | 0 | 1 | Optional | Correctedrecordfecipient Grp contains information to identify the submisision being corrected. |  |
| Correctedunique Recordld | N/A | UniqueRecradldype | string pattern value $="[\wedge \backslash s] .[\wedge \backslash s]\{1,80] \backslash \mid[1-9]\{1\}[0$ 9]\{0,15\}$1-9]\{1\}[0-9]\{0,15\}" & \({ }^{1}\) & \({ }^{1}\) & Required & CorrectedUniqueRecordld is the unique identifier of the record being corrected. ReceiptId\|Submissionld\|Recordid \\ \hline Choice: CorrectedRecRecipientPrsnName or CorrectedRecRecipientName & N/A & \[ \begin{aligned} & \text { OthercompletePersonNameType or } \\ & \text { BusinessNameTye } \end{aligned}$ |  | ${ }^{1}$ | ${ }^{1}$ | Required |  |
| CorrectederecrecipientPrssName | N/A | OtherCompleteersonNameTye | complextye | ${ }^{1}$ | 1 | Required | The CorrectedRecRecipientPPssN Name is a complex element. This is the name of the person reported on the record being corrected. |  |
| Personfiristm | N/A | PersonfistiNameType |  | ${ }^{1}$ | ${ }^{1}$ | Required | The PersonFirstNm is required if CorrectedRecRecipientPrsnName 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. |  |
| PersonMididleNm | N/A | PersonMiddleNameType |  | 0 | ${ }^{1}$ | Optional | The PersonMiddleNm is not required. <br> Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols. |  |
| PersonlastNm | N/A | PersonlastNametype |  | ${ }^{1}$ | ${ }^{1}$ | Required | The xml Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols. |  |
| SuffixNm | N/A | SuffixNameType |  | 0 | 1 | Optional | The Suffix Nm is not required. <br> Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols, |  |
| CorrectederecrecipientName | N/A | BusinessNameType |  | 1 | 1 | Reguired | 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. |  |
| BusinessNamelinelTxt | N/A | Businessameline1Type |  | ${ }^{1}$ | ${ }^{1}$ | Required | The BusinessNameline1TTx i s required. This is the business name of the Responsible Individual on Form 1095-B <br> Legal Characters: A-Z, a-z, $0 \cdot 9$, , hyphen, parentheses, ampersand, apostrophe and single space. Illegal Characters: leading space, traliling space, adiacent spaces, and other symbols. |  |
| BusinessNameline2Txt | N/A | Businessameline2Type | string <br> naxLength value="75" <br> pattern ([A-Za-z0-9/\%-ㄴ(V)\&\'] <br> ?)*[A-Za-z0-9\-(I()\&\' | 0 | 1 | Optional |  <br> apostrophe and single space. Illegal Characters: leading space, trailing space, <br> symbols. |  |
| CorrectedrecrecipientiN | N/A | TiNType | $\begin{aligned} & \text { string } \\ & \text { pattern }[0-9]\{9\} \end{aligned}$ | ${ }^{0}$ | ${ }^{1}$ | Optional | The Corrected edecrecipientTTN is the TiN of the Payee that was reported on the record being corrected. |  |
| Taxy | N/A | Yeartype | string <br> pattern value="[1-9][0-9]\{3\}" | ${ }^{1}$ | ${ }^{1}$ | Required | IRS TaxYr is required. It is the tax year for which the data on the Form 1095-C is being submitted. |  |
| Emplovelifocorp | N/A | Employeeliformationgripype | complexType | 1 | 1 | Required | The Employeelffocip is required. |  |
| OthercompletePerssonName | N/A | OthercompleteersonNametype | complexType | 1 | 1 | Required | The Other CompletereersonName is required. |  |
| PersonfiristMm | Line 1 | Personfirstametype | $\begin{aligned} & \text { string } \\ & \text { maxLength="20" } \\ & \left.([\text { A-Za-Z }--] \text { ? })^{*}[\text { A-Za-z }]-\right] \end{aligned}$ | ${ }^{1}$ | ${ }^{1}$ | Required | The PersonFirstNm is required. <br> Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols. |  |
| PersonMididleNm | Line 1 | PersonMiddleNameType |  | ${ }^{0}$ | ${ }^{1}$ | Optional | The PersonMiddleNm is not required. single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols. |  |
| PersonlostNm | Line 1 | PersonlastNametype |  | ${ }^{1}$ | ${ }^{1}$ | Required | The PersonLastNm is required. <br> 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 symbols. |  |
| SuffixNm | Line 1 | SuffixNametype |  | 0 | 1 | Optional | The Suffix Nm is not required. <br> 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 symbols. |  |
| PersonNameControlyt | N/A | PersonNameContrortype | $\begin{aligned} & \text { string } \\ & \text { maxlength value }=" 4 " \end{aligned}$ | 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 |  |
| TINRequestryeecd | N/A | TINRequestypecodetype |  | 0 | 1 | Optional | The TNNRequest Typecd is a code used to identify the TIN Request Type of the employee. The code for the Employee should be NoIVIIUAL_IIN. |  |
| SSN | Line 2 | SSNType |  | 0 | 1 | Optional | The SSN is the 9 digit Social Security Number or Taxpayer Identification Number of |  |
| MailingAdressGrp | Lines 3-6 | BusinessaddressGripype | complextye | 0 | 1 | Optional |  |  |
| USAddressirp | N/A | USAddressGrpType | complextye | 1 | 1 | Reauired | USAddressGrip is a complex element. |  |
| Addressline 1Txt | Line 3 | StreetadressType | string <br> maxLength=" 35 " <br> pattern [A-Za-z0-9](?%5BA-Za-zO-9-/%5D)* | 1 | 1 | Required |  |  |
| Addressline2Txt | Line 3 | StreetaddessType | string <br> maxLength="35" <br> pattern [A-Za-z0-9](?%5BA-Za-zO-9-/%5D)* | 0 | 1 | Optional | AddressLine2Txt is an optional second line containing the street address of the employee. Legal Characters: A-Z, a-z, 0-9, hyphen, slash and single space. Illegal Character leading space, trailing space, adjacent spaces, and other symbols. |  |
| $\mathrm{ClitNm}^{\text {a }}$ | Line 4 | cityTyee |  | 1 | 1 | Required | City Nm is the name of the city of the employee. This simple element is required if the xml includes USAddressGrp. |  |


| 15 Statecd | Line 5 | Statetype | string <br> 2 character code required as specified in the enumerations listed within the XML schema | 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 | USIIPCAType | $\begin{aligned} & \text { string } \\ & \text { pattern }[0-9]\{5\} \end{aligned}$ | 1 | 1 | Reguired | USIIPCd is the 5 -digit tip code for the address of the employee. This simple element is required if the xml includes USAddressGrp. |
| UsziPExtensioncd | Line 6 | USzPPExtensioncatype | $\begin{array}{\|l} \hline \text { string } \\ \text { pattern }[0-9]\{4\} \\ \hline \end{array}$ | 0 | 1 | Optional | USziPExtensioncd is the 4-digit extension 2 zip code for the address of the emplove. |
| ForeignAdresessip | N/A | Foreignddress6rpType | complextye | 1 | 1 | Required | ForeignaddressGrp is co complex element. |
| Addressinine 1 Txt | Line 3 | StreetaddressType | string <br> maxLength=" 35 " <br> pattern [A-Za-z0-9](?%5BA-Za-z0-9-/%5D)* | 1 | 1 | Required | Addressline 1Txt is the first line contaning the forign street address of the <br>  leading space, trailing space, adjicent spaces, and other symbols. |
| AddressLine2Txt | Line 3 | Streetaddesstype | string <br> maxLength=" 35 " <br> pattern [A-Za-zO-9](?%5BA-Za-zO-9-/%5D)* | 0 | 1 | Optional | Addressline2 2xt is an optional second line containing the foreign street address of the employe. <br> Legal Characters: A-Z, a-z, $0-9$, hyphen, slash and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols. |
| $\mathrm{ctitNm}^{\text {m }}$ | Line 4 | CityType | string <br> maxLength=" $22^{\prime \prime}$ <br> pattern ([A-Za-z] ?)*[A-Za-z] | 0 | 1 | Optional | CityNm is the name of the city of the emplove. |
| Choice: Country $C d$ CountryNm |  | CountryType of CountryNameType |  | 1 | ${ }^{1}$ | Required | There is required choice between Country ${ }^{\text {d }}$ or CountryNm. |
| Country ${ }^{\text {cd }}$ | Line 6 | CountryTye | tring <br> character code required as specified in the enumerations listed within the XML schema | 1 | 1 | Required | CountryCd is the Foreign Country Code of the employee. CountryCd or CountryNm is required if the xml includes ForeignAddressGrp. |
| Country N | Line 6 | CountryNameType |  | ${ }^{1}$ | ${ }^{1}$ | Required | CountryNm is the Foreign Country Name of the employee. CountryNm or CountryCd is required if the xml includes ForeignAddressGrp. Legal characters: A-Z, a-z, and single space |
| ForeignfrovinceNm | Line 5 | ForeignprovinceNametype | string <br> maxlength="17" <br>  | 0 | 1 | Optional | ForeignProvince Nm 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".) |
| Foreignospalald | Line 6 | ForeignPostalcodetype |  | 0 | 1 | Optional | Foreignospostald is the postal code of the employe that is fling the form 1094-C and associated Form(s) 1095-C Standard foreign postal code type definition. Legal characters: alphas (a-z), numeric (0-9), period ( $($ I, slash $(1)$, 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 | $\begin{aligned} & \text { string } \\ & \text { minLength="10" maxLength=" } 30 " \\ & \text { pattern }([0-9])^{*} \end{aligned}$ | 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 | Panstarmonthityee | $\begin{aligned} & \text { string } \\ & \text { maxtength"2" } \\ & \text { pattern ( }(00-9] \mid 1[0-2]) \end{aligned}$ | 1 | 1 | Required | StartMonthNumbercd is the Pla Start Month Number Code ("00" to "12"). |
| Agenum | N/A | AgenumTyee |  | 0 | ${ }^{1}$ | Optional | AgeNum is the Employe's age on Jan 1 (range 1 to 120 ). |
| Employeofferand coverage T P | Lines 14-16 | Employeofferandolovergeeripype | complextye | 1 | 1 | Required | The complex element EmployeeOfferAndCoverageGrp 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: AnnualOfferOfCoverageCd or Monthly OfferCoverageGrp | N/A | $\begin{aligned} & \begin{array}{l} \text { offerCoverageType or } \\ \text { OfferCoverageByMonthType } \end{array} \\ & \hline \end{aligned}$ |  | 1 | 1 | Required |  |
| Annualoferofficeragecd | Line 14 | OffercoverageType | string staxlength" 2 " enumerations $1 A-12$ or 1a-12 | ${ }^{1}$ | ${ }^{1}$ | Required |  |
| Monthl offercoveroge Grp | Line 14 | OffercoverageryMonthType | complextye | 1 | 1 | Required | Group for entering Offeroftoveragecd monthl. |
| Janoffercd | Line 14 | Offercoveragetype |  | ${ }^{\circ}$ | ${ }^{1}$ | Optional |  |
| Feboffercd | Line 14 | Offercoveragetype |  | ${ }^{\circ}$ | ${ }^{1}$ | Optional |  |
| Maroffercd | Line 14 | Offercoveragetype | $\left\lvert\, \begin{aligned} & \text { string } \\ & \text { maxlength":2" } \\ & \text { enumerations } 1 A-12 \text { or } 12-12 \end{aligned}\right.$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional |  |
| Aproffercd | Line 14 | Offercoveragetype |  | ${ }^{\circ}$ | ${ }^{1}$ | Optional |  |
| Mayoffercd | Line 14 | Offercoveragerype | string maxtength" 2 " enumerations $1 A-12$ or 1a-12 | 0 | 1 | Optional |  |
| Junoffercd | Line 14 | Offercoveragetype | $\left\lvert\, \begin{aligned} & \text { string } \\ & \text { maxlength""2" } \\ & \text { enumerations } 1 A-12 \text { or 1a-12 } \end{aligned}\right.$ | 0 | 1 | Optional |  |
| Julofercd | Line 14 | Offercoveragetype | $\left\lvert\, \begin{aligned} & \text { string } \\ & \text { maxlength":2" } \\ & \text { enumerations } 1 A-12 \text { or 1a-12 } \end{aligned}\right.$ | ${ }^{0}$ | ${ }^{1}$ | Optional |  |
| Augoffercd | Line 14 | Offercoveragetype | $\left\lvert\, \begin{aligned} & \text { string } \\ & \text { maxtenght" } 2 \text { " } \\ & \text { menmerations } 1 A-12 \text { or 1a-12 } \end{aligned}\right.$ | 0 | 1 | Optional |  |


| Sepoffercd | Line 14 | Offercoveragetype | $\begin{array}{\|l\|l} \begin{array}{l} \text { string } \\ \text { maxtength" } 2 " 1 \\ \text { enumerations } 1 A-12 \text { or 1a-12 } \end{array} \end{array}$ | ${ }^{\circ}$ | 1 | Optional |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Octoffercd | Line 14 | Offercoveragetype | string staxlength" 2 " enumerations $1 A-12$ or 1a-12 | ${ }^{0}$ | ${ }^{1}$ | Optional |  |
| Novoffercd | Line 14 | Offercoveragerype | $\left\lvert\, \begin{aligned} & \text { string } \\ & \text { maxlength":2" } \\ & \text { enumerations } 1 A-12 \text { or 1a-12 } \end{aligned}\right.$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional |  |
| Decoffercd | Line 14 | Offercoveragerype | string maxlength""2" enumerations 1A-12 or 1a-12 | 0 | 1 | Optional |  |
| Choice: <br> AnnlEmployeeRequiredContriAmt or | N/A | Amountrye or AmountsyMonthDetailitye |  | ${ }^{\circ}$ | 1 | Optional | There is an optional choice of Ann/EmployeeRequiredContriAmt or MonthlyEmployeeRequiredContriGrp. |
| AnnlEmployeerequired ContriAmt | Line 15 | Amountrye |  | 1 | ${ }^{1}$ | Required | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{~J}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 1 \mathrm{O}, 1 \mathrm{P}$, or 1 Q is entered on ine 14 . If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00 . Values must be entered as dollars and cents. |
| Monthly Employeerequired Conticirp | Line 15 | AmountryMonthoetailtye | complextyee | 1 | 1 | Required | Group for entering emplove share of premium amount by month. |
| Januaryamt | Line 15 | Amountrye | string <br> maxLength value="19"/> pattern value $=$ "([0-9]+\.[0-9][0-9]?)" | ${ }^{\circ}$ | ${ }^{1}$ | Optional | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{~J}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 1 \mathrm{O}, 1 \mathrm{P}$, or $1 Q$ 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 . Values must be entered as dollars and cents |
| FebruaryAmt | Line 15 | Amountrye | string <br> maxLength value $=$ " 19 " $/>$ <br> pattern value="([0-9]+\.[0-9][0-9]?)" | ${ }^{\circ}$ | ${ }^{1}$ | Optional | cents. <br> mplete only if code $1 B, 1 C, 1 D, 1 E, 1 J, 1 K, 1 L, 1 M, 1 N, 1 O, 1 P$, or $1 Q$ 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 . Values must be entered as dollars and cents. |
| Marchamt | Line 15 | Amountrye | string <br> maxLength value="19"/> <br> pattern value="([0-9]+\.[0-9][0-9]?)" | 0 | 1 | Optional | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{~J}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 10,1 \mathrm{P}$, or $1 Q$ 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 . Values must be entered as dollars and cents. |
| Aprilamt | Line 15 | Amountrye | string <br> pattern value $=$ " $([0-9]+\backslash .[0-9][0-9]$ ? $) "$ | 0 | 1 | Optional | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{~J}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 10$, 1 P , or 1 Q is entered on line 14. If the employe is offered coverage but is not required to contribute any amount towards the premium, enter 0.00 . Values must be entered as dollars and cents. |
| Mayamt | Line 15 | Amountrye | string <br> maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)" | 0 | 1 | Optional | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{~J}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 1 \mathrm{O}, 1 \mathrm{P}$, or 1 Q is entered on ine 14. If the employee is offered coverage but is not required to contribute any mount towards the premium, enter 0.00 . Values must be entered as dollars and cents. |
| Juneamt | Line 15 | Amountryee |  | 0 | 1 | Optional | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{~J}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 10,1 \mathrm{P}$, or 1 Q is entered on line 14 . If the employee is offered coverage but is not required to contribute any mount towards the premium, enter 0.00 . Values must be entered as dollars and cents. |
| Julyamt | Line 15 | Amountrye | string <br> maxLength value="19"/> <br> pattern value="([0-9]+\.[0-9][0-9]?)" | 0 | 1 | Optional | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{~J}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 10,1 \mathrm{P}$, or $1 Q$ 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 . Values must be entered as dollars and cents. |
| Augustamt | Line 15 | Amountrye | string maxLength value $=" 19$ " $/>$ pattern value="([0-9]+\. [0-9][0-9]?)" | 0 | 1 | Optional | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{~J}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 1 \mathrm{O}, 1 \mathrm{P}$, or 1 Q is entered on line 14. If the employee is offered coverage but is not required to contribute any mount towards the premium, enter 0.00 . Values must be entered as dollars and cents. |
| Septemberamt | Line 15 | Amountrye |  | 0 | 1 | Optional | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{~J}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 1 \mathrm{O}, 1 \mathrm{P}$, or 1 Q 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 . Values must be entered as dollars and cents |
| Octoberamt | Line 15 | Amountrye | string <br> maxLength value="19"/> <br> pattern value $=$ " $([0-9]+\backslash \cdot[0-9][0-9]$ ? $) "$ | 0 | 1 | Optional | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{~J}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 10,1 \mathrm{P}$, or $1 Q$ 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 . Values must be entered as dollars and cents. |
| Novemberamt | Line 15 | Amountrye | string <br> maxLength value="19"/> <br> pattern value="([0-9]+\.[0-9][0-9]?)" | 0 | 1 | Optional | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{~J}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 1 \mathrm{O}, 1 \mathrm{P}$, or 1 Q 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. Values must be entered as dollars and cents. |
| Decemberamt | Line 15 | Amountrye | string <br> maxLength value="19"/> <br> pattern value $=$ " $([0-9]+\backslash \cdot[0-9][0-9]$ ? $) "$ | 0 | 1 | Optional | Complete only if code $1 \mathrm{~B}, 1 \mathrm{C}, 1 \mathrm{D}, 1 \mathrm{E}, 1 \mathrm{l}, 1 \mathrm{~K}, 1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 1 \mathrm{O}, 1 \mathrm{P}$, or 1 Q is entered on line 14. If the employe is offered coverage but is not required to contribute any amount towards the premium, enter 0.00 . Values must be entered as dollars and cents. |
| Choice: Annualsofetarborcd or | $\begin{array}{\|c} \mathrm{N} / \mathrm{A} \\ \hline \text { Line } 16 \end{array}$ | Safelarborcditye or Monthlysafelarborarp |  | , | 1 | Optional |  |
|  |  | Satelarborcatye | "string" maxienght""2" enumerations added $2 A-2 H, 2 a-2 h$ | 1 | 1 | Required |  |
| Monthl SfefelarborGrp | $\begin{array}{\|c\|} \hline \text { Line } 16 \\ \hline \text { Lin } 16 \end{array}$ | Monthlysafelarborcdivpe | complextyee | 1 | ${ }^{1}$ | Required | $\begin{aligned} & \text { Group for entering Code Series } 2 \text { by month. } \\ & \hline \text { Enter the Code Series } 2 \text { that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", } \\ & \text { " } 2 \mathrm{~F} \text { ", " } 2 \mathrm{G} \text { ", or " } 2 \mathrm{H} \text { ". } \end{aligned}$ |
| JanSofeharborcd |  | Safelarborcatype | $\begin{aligned} & \text { string" } \\ & \text { mexienght" } \\ & \text { enumerations added } 2 A-2 H, 2 a-2 h \end{aligned}$ |  |  | Optional |  |
| Febsofeturborcd | Line 16 | Safelarborcatype | $\left\lvert\, \begin{aligned} & \text { "string" } \\ & \text { mexingth" } \\ & \text { enumerations added } 2 A-2 H, 2 a-2 h \end{aligned}\right.$ | 0 | 1 | Optional | Enter the Code Series 2 that applies. Code Series 2 : "2A", "28", "2C", "2D", "2E", "2F", "26", or "2H". |
| Marsoferloborcd | Line 16 | Safeharborcatype | $\begin{aligned} & \text { "string" } \\ & \text { mexienght"2" } \\ & \text { enumerations added } 2 A-2 H, 2 a-2 h \end{aligned}$ | 0 | 1 | Optional | Enter the Code Series 2 that applies. Code Series 2: " $2 A$ ", " 2 B ", " 2 C ", " 2 D ", " 2 E ", "2F", "2G", or "2H". |
| Apprsfetharborcd | Line 16 | Safelarborcatype | "string" maxlenght" 2 " enumerations added $2 A-2 H, 2 a-2 h$ | 0 | 1 | Optional |  2F", "26", or "2H". |
| Mas Sofeharborcd | Line 16 | Safelarborcatye | $\begin{aligned} & \text { string" } \\ & \begin{array}{l} \text { mexienghn" } \\ \text { enumerations added } 2 A-2 H, 2 a-2 h \end{array} \end{aligned}$ | 0 | 1 | Optional | Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H". |


| lunsfeflarborcd | Line 16 | Safelarborcatype | $\begin{aligned} & \text { "string" } \\ & \text { staxlenght"2" } \\ & \text { enumerations added } 2 A-2 H, 2 a-2 h \end{aligned}$ | 0 | 1 | Optional | Enter the Code Series 2 that applies. Code Series 2: "2A", "28", "2C", "2D", "2E", "FF", "26", or "2H"". |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Julsofethrorbed | Line 16 | Safelarborcatype |  | 0 | 1 | Optional | Enter the Code Series 2 that applies. Code Series 2: " 2 A ", " 2 B ", " 2 C ", " 2 D ", " 2 E ", "2F", "2G", or "2H". |
| Aussufetarborcd | Line 16 | Safelarborcatype |  | 0 | 1 | Optional | Enter the Code Series 2 that applies. Code Series 2 : " 24 ", "28", "2C", "2D", "2E", "FF", "2G", or "2H". |
| Sepsofetarborcd | Line 16 | Safeharborcatype | "string" maxkenght" 2 " enumerations added 2A-2H, 2a-2h | 0 | 1 | Optional | Enter the Code Series 2 that applies. Code Series 2 : " 24 ", "28", "2C", "2D", "2E", "FF", "2G", or "2H". |
| Octsofetarborcd | Line 16 | Safeharborcatype | "string" mexkenght" enumerations added $2 A-2 H, 22-2 h$ | 0 | 1 | Optional | Enter the Code Series 2 that applies. Code Series 2: " $2 A^{\prime}$ ", "2B", "2C", "2D", "2E", "2F", "2G", or "2H". |
| Novsofeharborcd | Line 16 | Safeharborcatype | "string" mexienghn" 2 " enumerations added $2 A-2 H, 22-2 h$ | 0 | 1 | Optional | Enter the Code Series 2 that applies. Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", or "2H". |
| DecsofeHarborcd | Line 16 | Safelarborcatype | "string" maxlenght" enumerations added $2 A-2 H, 2 a-2 h$ | 0 | 1 | Optional | Enter the Code Series 2 that applies. Code Series 2: "2A", "28", "2C", "2D", "2E", "2F", "2G", or "2H". |
| Choice: AnnuallCHRAZipCd or MonthlyICHRAZipCdGIp |  | USZIPCatyee MonthlyCHRZZipdaGrpType |  | 0 | 1 | Optional | This is an optional choice of Annualchreazipcd or Monthly CHRAzipcairp. |
| AnnualCHRAZipcd | Line 17 | USZIPCCTYpe | string maxLength" "5" patter $[0-9 / 5]$ | 1 | 1 | Required |  |
|  | Line 17 | MonthlyCHRAZipdigrpType | $\begin{aligned} & \text { string } \\ & \begin{array}{l} \text { sax ength " "5" } \\ \text { patter }[0-9 \mid 5] \end{array} \end{aligned}$ | 1 | ${ }^{1}$ | Required | Monthly/CHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 1O, 1P, or 1 Q is entered on line 14. |
| Janchrrazipcd | Line 17 | USIIPCAType | $\begin{aligned} & \text { string } \\ & \text { maxLength="5" } \\ & \text { pattern }[0-9]\{5\} \end{aligned}$ | 0 | 1 | Optional | MonthyCHHRAZipcdGip Enter the ip code only if code $11,11 \mathrm{M}, 1 \mathrm{~N}, 10,1 \mathrm{P}$, or 1 Q is entered on ine 14. |
| Febichrazipcd | Line 17 | USIIPCATye |  | ${ }^{\circ}$ | ${ }^{1}$ | Optional |  |
| MariCHRAZipcd | Line 17 | USIIPCATyPe | $\begin{aligned} & \text { string } \\ & \text { maxLength="5" } \end{aligned}$ | 0 | 1 | Optional | MonthhycCHRZZZicCGGrp Enter the ip code only if code 11, 1M, 1N, 10, 1P, or 1 Q is entered on ine 14. |
| Aprichrazipcd | Line 17 | Uszipcatype | $\left\lvert\, \begin{aligned} & \text { string } \\ & \text { maxLength="5" } \\ & \text { pattern }[0-9 \mid(5) \end{aligned}\right.$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional |  entered on ine 14. |
| May ${ }^{\text {cherazipcd }}$ | Line 17 | USIIPCatyee | $\begin{aligned} & \text { string } \\ & \text { maxLength="5" } \\ & \text { pattern }[0-9]\{5\} \\ & \hline \end{aligned}$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional | MonthlyCHRAZZipcdGip Enter the zip code only if code 11, 11, 1N, 10, 1P, or 11 is entered on line 14. |
| Junchriazipcd | Line 17 | USZIPCCTTye | $\begin{aligned} & \text { string } \\ & \begin{array}{l} \text { maxtength " } 5 \text { " } \\ \text { patter }[0-9 / 55 \end{array} \end{aligned}$ | 0 | ${ }^{1}$ | Optional | MorthylCHRRZZip CdGrp Enter the zip code only if code $1 \mathrm{LL}, 1 \mathrm{MM}, 1 \mathrm{~N}, 10,1 \mathrm{P}$, or 10 is entered on line 14. |
| Julcherazipcd | Line 17 | USIIPCATyee | $\begin{aligned} & \text { string } \\ & \text { maxLength="5" } \\ & \text { pattern }[0-9]\{5\} \end{aligned}$ | 0 | ${ }^{1}$ | Optional | Monthly/CHRAZipCdGrp Enter the zip code only if code $1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 10,1 \mathrm{P}$, or 1 Q is entered on line 14 . |
| Augichrazipcd | Line 17 | USIIPCatype | $\begin{aligned} & \text { string } \\ & \text { maxLength="5" } \\ & \text { pattern }[0-9]\{5\} \end{aligned}$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional | MonthylCHRRZZip CdGrp Enter the zip code only if code 1L, 1M, 1N, 10, PP, or 1Q is entered on ine 14. |
| Sepichirazipld | Line 17 | USzIPCCTTye | $\left\lvert\, \begin{aligned} & \text { string } \\ & \begin{array}{l} \text { maxlength } \\ \text { pattern } \\ {[0-9 \mid 5(5)} \end{array} \end{aligned}\right.$ | 0 | 1 | Optional | MonthyCCHRAZipcdGirp Enter the ip code only if code $11,11 \mathrm{M}, 1 \mathrm{~N}, 10,1 \mathrm{P}$, or $1 Q$ is entered on ine 14. |
| Octichrazip ${ }^{\text {c }}$ | Line 17 | USIIPCATyee | string maxLength="5" pattern $[0-9]\{5\}$ | 0 | ${ }^{1}$ | Optional |  |
| NoviCHRAZIpCd | Line 17 | USIPCCATye | string max Lengh="5" patter $[0-9 \mid(5)$ | 0 | 1 | Optional |  |
| Decichrazipcd | Line 17 | USITPCatye | $\left\|\begin{array}{l} \text { string } \\ \text { maxtength"" } \\ \text { pattern }[0-9 \mid(5) \end{array}\right\|$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional | MonthlyICHRAZipCdGrp Enter the zip code only if code $1 \mathrm{~L}, 1 \mathrm{M}, 1 \mathrm{~N}, 1 \mathrm{O}, 1 \mathrm{P}$, or 1 Q is entered on line 14. |
| Coveredlld dividualnd | N/A | Digitbooleantype | $\begin{array}{\|l\|} \hline \text { string } \\ \text { senumerations: } \\ \text { "0" or" } 1 \text { " } \end{array}$ | 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 is enrolled. |
| CoveredindividualGrp | Lines 18.30 | EmploverCoveredindividualype | complextye | 0 | 99 | Optional | The complex element CoveredIndividualGrp should be present when the CoveredIndividuallnd is "1". It allows for up to 99 covered individuals to be submitted on each 1095-c. |
| Coverealndividualvame | N/A | OthercompleteersonNametype | complextye | 1 | 1 | Reguired | CoveredIndividualName is a complex element. It is required when Covered/ndividualGrp is present in the xml . |
| Personfirstom | $\begin{gathered} \text { Lines } 18(a)- \\ 30(a)- \end{gathered}$ | Personfirstametype |  | 1 | 1 | Required | The Personfistsinm is required if CoveredindividualName is included in the xm!. Typically used for a person's first name. Leegal Characters: A.-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols. |
| PersonMididleNm | $\begin{gathered} \text { Lines 18(a)- } \\ 30(a) \end{gathered}$ | PersonMiddleNameType |  | 0 | 1 | Optional | The PersonMiddleNm is optional. <br> Legal Characters: A-Z, a-z, hyphen and single space. Illegal Character: leading space, trailing space adjacent spaces, and other symbols. |
| PersoolostNm | $\begin{gathered} \text { Lines 18(a)- } \\ 30(a) \end{gathered}$ | PersonlastNametype |  | ${ }^{1}$ | ${ }^{1}$ | Required | The PersonLastNm is required if CoveredIndividualName 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 |
| SuffixNm | $\begin{gathered} \text { Lines } 18(a)- \\ 30(a)- \end{gathered}$ | SuffixNametype |  | 0 | 1 | Optional | The SuffixNm is optional. <br> Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols. |
| PersonName ControlTxt | N/A | PersonNameControripe | $\begin{aligned} & \text { string } \\ & \text { maxlength value }=" 4 " \end{aligned}$ $[A-Z][A-Z \backslash-]\{0,3\}$ | 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 |


| TiNRequestypecd | N/A | TINRequestypecodetype |  | ${ }^{\circ}$ | ${ }^{1}$ | Optional |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Choice: SSN or Birthot | N/A | SSNType or daterype |  | 0 | 1 | Optional | There is an optional choice between SSN or Birthot |
| SSN |  | ssNType | $\begin{aligned} & \text { string } \\ & \text { pattern }[0-9]\{9\} \end{aligned}$ | 0 | 1 | Optional | Enter the 9-digit SSN for each covered individual. For covered individuals, Taxpayer Identification Number (TIN), rather than an SSN, may be entered if the covered individual does not have an SSN |
| Birthot | $\begin{array}{\|c\|c\|c\|c\|c\|c\|c\|c\|c\|} \hline \text { Linc } \\ 30(c) \\ \hline \end{array}$ | DateType | date <br> 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: YYY-MM-DD |
| Covered IndividualAnnuallnd of | N/A | DigittooleanTye or Monthl/ndGrpType |  | 0 | 1 | Optional | There is an optional choice of CoveredIndividualAnnuallnd or CoveredIndividualMonthlyIndGrp |
| Coveredindividualanuallnd | $\begin{gathered} \text { Lines } 18(\mathrm{~d})- \\ 30(\mathrm{~d}) \end{gathered}$ | Digitbooleantye | $\begin{aligned} & \text { string } \\ & \text { enumerations: } \\ & \text { "0" or" 1" } \end{aligned}$ | 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. |
| CoveredindwidualMonthly | N/A | MonthlindGrpType | complextye | ${ }^{1}$ | ${ }^{1}$ | Required | CoveredIndividualMonthlyIndGrp is a group of indicators for each month of coverage. |
| Januarylnd |  | Digitbooleantye | $\begin{array}{\|l\|} \hline \text { string } \\ \text { enumerations: } \\ \text { "00" or" 1" } \end{array}$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional | Put "1 " for truve to indicate the months in which the individual was covered for at <br> least one day per month. |
| Februarlind |  | Digitbooleantye | $\begin{array}{\|l\|} \hline \text { string } \\ \text { enumerations: } \\ \text { "0" or" 1" } \end{array}$ | 0 | ${ }^{1}$ | Optional | Put "1" for true to indicate the months in which the individual was covered for at least one day per month. |
| Marchind | Lines 18(e)- 30(e) | Digitbooleantye | $\begin{aligned} & \text { string } \\ & \text { enumerations: } \\ & \text { "0" } 0 r^{\prime \prime} 1 \text { " } \end{aligned}$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional | Put "1" for true to indicate the months in which the individual was covered for at least one day per month. |
| Appillnd | Lines $18(e)-$ <br> $30(e)$ | Digitbooleantye | $\begin{array}{\|l\|l\|} \substack{\text { string } \\ \text { enumertions: } \\ \text { eno or "1" }} \end{array}$ | 0 | 1 | Optional | Put "1" for true to indicate the months in which the individual was covered for at least one day per month. |
| Maylnd | $\begin{gathered} \text { Lineses 18(e)- } \\ 30(\mathrm{e}) \end{gathered}$ | Digitbooleantype | $\begin{aligned} & \text { string } \\ & \text { enumerations: } \\ & \text { "0" or" 1" } \end{aligned}$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional | Put "1 1 for truve to indicate the months in which the individual was covered for at least one day per month |
| Junelnd |  | Digitbooleantype | $\begin{aligned} & \left.\begin{array}{l} \text { string } \\ \text { enumerations: } \\ \text { "n" or" } 1 " \text { " } \end{array} \right\rvert\, \end{aligned}$ | ${ }^{\circ}$ | 1 | Optional | Put "1" for true to indicate the months in which the individual was covered for at least one day per month. |
| Julynd | $\begin{array}{\|c} \hline \begin{array}{c} \text { Lines } 18(\mathrm{e})- \\ 30(\mathrm{e}) \end{array} \\ \hline \end{array}$ | Digitbooleantype | $\begin{aligned} & \text { string } \\ & \text { enumerations: } \\ & \text { "0" or" 1" } \end{aligned}$ | 0 | 1 | Optional | Put " 1 " for true to indicate the months in which the individual was covered for at least one day per month. |
| Augusthd | $\begin{gathered} \hline \text { Lines 18(e)- } \\ 30(\mathrm{e}) \end{gathered}$ | Digitiboleantype | $\begin{array}{\|l\|l} \substack{\text { string } \\ \text { enumations: } \\ \text { eno or } 10} \\ \hline \end{array}$ | 0 | 1 | Optional | Put "1" for true to indicate the months in which the individual was covered for at least one day per month. |
| Septemberrnd | Lines $18(\mathrm{e})$ <br> $30(\mathrm{e})$ | Digitbooleantype | $\begin{aligned} & \text { string } \\ & \text { enumerations: } \\ & \text { "0" or" 1" } \end{aligned}$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional | Put " " 1 " for true to indicate the months in which the individual was covered for at least one day per month. |
| Octoberlnd | $\begin{gathered} \text { Lineses 18(e)- } \\ 30(\mathrm{e}) \end{gathered}$ | Digitbooleantype | $\begin{aligned} & \text { string } \\ & \text { enumerations: } \\ & \text { "0" or" 1" } \end{aligned}$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional | Put " 1 " for true to indicate the months in which the individual was covered for at least one day per month. |
| Novemberth |  | Digitbooleantype | $\begin{aligned} & \text { string } \\ & \text { enumerations: } \\ & \text { "0" 1" } \end{aligned}$ | 0 | 1 | Optional | Put "1" for truve to indicate the months in which the individual was covered for at least one day per month. |
| Decemberind | $\underset{\substack{\text { Lines 18(e) } \\ 30(e)}}{ }$ | Digitbooleantype | $\begin{array}{\|l\|l} \hline \text { string } \\ \text { enumerations: } \\ \text { "00" or" 1" } \end{array}$ | ${ }^{\circ}$ | ${ }^{1}$ | Optional | Put "1" for true to indicate the months in which the individual was covered for at least one day per month. |
| recoratyee | N/A | ${ }^{\text {string }}$ | ${ }^{\text {string }}$ | 1 | 1 | $\frac{\text { Required }}{\text { Reauired }}$ |  |
| lements that are optional in the schema m | , refer t | 1095-C Business Rules to de | alteger ements required in |  |  |  |  |

