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 Recordid . Recordid 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 TestScenarioId 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	Corrected. Corrected Unique Recordid is the unique identifier of the record being corrected. Receiptid SubmissionId Recordid
Choice: CorrectedRecRecipientPrsnName or CorrectedRecRecipientName	N/A	OtherCompletePersonNameType or BusinessNameType	3 0,13 [1-3 1 0-3 0,13	1	1	Required	If CorrectedRecordRecipientGrp is present, there is a required choice between CorrectedRecRecipientPrsnName and CorrectedRecRecipientName. (CorrectedRecRecipientName is used only when the Responsible Individual on the original 1059-8 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.
PersonFirstNm	N/A	PersonFirstNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	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.
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.
PersonLastNm	N/A	PersonLastNameType	ting maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	1	1	Required	The PersonLostNm 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.
SuffixNm	N/A	SuffixNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	0	1	Optional	The SuffixNm 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.
BusinessNameLine ITxt	N/A	BusinessNameLine1Type	string maxLength value="75" pattern ([A-Za-z0-9\-\(\)&'] ?)*[A-Za-20-9\-\(\)&']	1	1	Required	The BusinessNameLine1Txt is required. This is the business name of the Responsible Individual on Form 1095-B Legal Characters: AQ, az, 0,9, hyphen, 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-z0-9/%\-\(\)&'] ?)*[A-Za-z0-9\-\(\)&']	0	1	Optional	The BusinessNameLine2Tat is optional. This is the business name of the Responsible individual on Form 1095-B. Legal Characters: AZ, az, 0,9, 3 sabs, percent, hyphen, parentheses, ampersand, apostrophe and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
CorrectedRecRecipientTIN	N/A	TINType	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 TaxYr 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 PersonFirstNm	N/A Line 1	OtherCompletePersonNameType PersonFirstNameType	complexType string	1	1	Required Required	The OtherCompletePersonName is required. The PersonFirstNm is required.
PersonMiddleNm	Line 1	PersonMiddleNameType	maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-] string	0	1	Optional	Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols. The PersonMiddleNm is not required.
· Cadonidalism	Line 1	r cissimidae tune i pe	maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]			Ориони	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 other symbols.
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 symbols.
SuffixNm	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 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 the xml Schema. Legal Characters: A-Z, hyphen and space. Illegal Characters: numbers and symbols
TINRequestTypeCd	N/A	TINRequestTypeCodeType	string enumerations: INDIVIDUAL_TIN BUSINESS_TIN UNKNOSWN	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-z0-9](?[A-Za-z0-9\-/])*	1	1	Required	AddressLine1Txt 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: leading space, trailing space, adjacent spaces, and other symbols.
AddressLine2Txt	Line 3	StreetAddressType	string maxLength="35" pattern [A-Za-z0-9](?[A-Za-z0-9\-/])*	0	1	Optional	AddressLine27xt 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.
CityNm	Line 4	CityType	string maxLength="22" pattern ([A-Za-z] ?)*[A-Za-z]	1	1	Required	CityNm is the name of the city of the employee. This simple element is required if the xml includes USAddressGrp.

USStateCd	Line 5	StateType	string 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	USZIPCdType	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	0	1	Optional	USZIPExtensionCd is the 4-digit extension zip code for the address of the employee.
ForeignAddressGrp	N/A	ForeignAddressGrpType	pattern [0-9]{4} 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: leading space, trailing space, adjacent spaces, and other symbols.
AddressLine2Txt	Line 3	StreetAddressType	string maxLength="35" pattern [A-Za-z0-9](?[A-Za-z0-9\-/])*	0	1	Optional	AddressLine27xt is an optional second line containing the foreign street address of the employee. Legal Characters: A-Z, a-z, 0-9, hyphen, slash and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
CityNm	Line 4	CityType	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		1	1	Required	There is a required choice between CountryCd or CountryNm.
CountryCd	Line 6	CountryType	string 2 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.
CountryNm	Line 6	CountryNameType	string maxLength="35" pattern [A-Za-z] (*[A-Za-z])*	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
Foreign Province Nm	Line 5	ForeignProvinceNameType	string maxLength="17" [A-Za-z0-9](?[A-Za-z0-9\.\-/'])*	0	1	Optional	ForeignProvinceNm 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-z), numeric (0-9), period (), slash (/), 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])	1	1	Required	StartMonthNumberCd is the Plan Start Month Number Code ("00" to "12").
AgeNum	N/A	AgeNumType	string ([1-9] [1-9][0-9] 1[0-1][0-9] 120)	0	1	Optional	AgeNum is the Employee's age on Jan 1 .(range 1 to 120).
EmployeeOfferAndCoverageGrp	Lines 14 - 16	EmployeeOfferAndCoverageGrpType	complexType	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 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-1Z or 1a-1z	1	1	Required	Enter the Code Series 1 that applies. Code Series "IA", "IB", "IC", "ID", "IE", "IF", "IG", "IH", "II", "II", "IK", "II", "III", "III", "II", "III", "III", "III", "II", "II", "II", "II", "II", "II", "II", "III", "III", "II", "I
MonthlyOfferCoverageGrp	Line 14	OfferCoverageByMonthType	complexType	1	1	Required	Group for entering OfferOfCoverageCd monthly.
JanOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "IA", "IB", "IC", "ID", "IE", "IF", "IG", "IH", "II", "II", "II", "III", "III", "II", "II", "II", "II", "II", "II", "II", "II", "III", "III", "II", "III", "II",
FebOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	Enter the Code Series: 1 that applies. Code Series: "IA", "18", "10", "10", "15", "17", "16", "14", "18", "16", "18", "16", "18", "16", "18", "16", "18", "16", "18", "16", "18", "1
MarOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "IA", "IB", "IC", "ID", "IE", "IF", "IF", "ID", "I", "I", "I", "I", "I", "I", "
Ap/OfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	Enter the Code Series: 1 that applies. Code Series: "IA", "IB", "IC", "ID", "IE", "IF", "I
MayOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	Enter the God Series 1 that applies. Code Series: "IA", "18", "10", "11", "11", "11", "14"
JunOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "IA", "18", "10", "10", "11
JulOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "IA", "18", "11", "11", "11", "11", "14", "16", "14
AugOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "LA", "18", "10", "10", "11

SepOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	Enter the Code Series 1 that applies. Code Series: "1A", "18", "1C", "1D", "1E", "1F", "16", "18", "14", "18", "14", "18", "14", "18", "12", "18", "12", "18", "12", "18", "12", "18
OctOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	"1s", "1s", "1s", "1s", "1s", "1s", "1s", "(Gods 11 and 11-12 are reserved.) Enter the Code Series 1 that applies. Code Series: "1s", "1s
NovOfferCa	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	"15", "11", "10", "10", "11", "11", "12", "1006 to 1 and 11-12 are reserved.) Enter the Code Freis : that applies. Code Series: "14", "16", "16", "10", "16
DecOfferCd	Line 14	OfferCoverageType	string maxLength="2" enumerations 1A-1Z or 1a-1z	0	1	Optional	"15", "11", "10", "10", "11", "11", "12", (Codes 11 and 11-12 are reserved.) Enter the Code Series 1 that applies. Code Series: "1A", "18", "1C", "10", "18", "1F", "1F", "1F", "16", "18", "11
Choice: AnniEmployeeRequiredContriAmt or	N/A	AmountType or AmountByMonthDetailType		0	1	Optional	There is an optional choice of AnnlEmployeeRequiredContriAmt or MonthlyEmployeeRequiredContriGra.
AnniEmployeeRequiredContriAmt	Line 15	AmountType	string maxLength value="19"/> pattern value="([0-9]+\.[0-9][0-9]?)"	1	1	Required	Complete only if code 18, 16, 10, 16, 11, 1K, 1L, 1M, 1N, 10, 1P, or 1Q is entered or 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 contribute on the contribute of the
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 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered or line 1A. 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.
February Amt	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, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered or 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	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, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered or 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	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, 1K, 11, 1M, 1N, 1O, 1P, or 1Q is entered or 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.
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, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered or line 1A. 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.
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, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered or line 1A. 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.
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, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered or line 1A. 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	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, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered or line 1A. 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.
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, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered or line 1A. 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	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, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered or line 1A. 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	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, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered or line 1A. 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	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, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered or 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.
Choice: AnnualSafeHarborCd or	N/A	SafeHarborCdType or MonthlySafeHarborGrp	"string"	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", "2F", "2F", "2F", "2F".
MonthlySafeHarborGrp	Line 16	MonthlySafeHarborCdType	complexType	1	1	Required	
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".
MarSafeHaborCd	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: "ZA", "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".
AugSafeHarborCd	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".
SepSafeHarborCd	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".
OctsafeHarborCd	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".
DecSofeHarborCd	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".
Choice: AnnualiCHRAZipCd or MonthlyICHRAZipCdGrp		USZIPCdType		0	1	Optional	This is an optional choice of AnnuallCHRAZipCd or MonthlyICHRAZipCdGrp .
моншус-тсрсиогр AnnualICHRAZipCd	Line 17	MonthlylCHRAZipCdGrpType USZIPCdType	string maxLength="5" pattern [0-9]{5}	1	1	Required	AnnualiCHRAZipCd Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is entered on line 14.
Monthly/CHRAZIpCdGrp	Line 17	MonthlyICHRAZipCdGrpType	string maxLength="5" pattern [0-9]{5}	1	1	Required	Monthly/CHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is entered on line 14.
JoniCHRAZIpCd	Line 17	USZIPCdType	string maxLength="5" pattern [0-9]{5}	0	1	Optional	Monthly/CHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is entered on line 14.
FebICHRAZIpCd	Line 17	USZIPCdType	string maxLength="5" pattern [0-9]{5}	0	1	Optional	MonthlyICHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is entered on line 14.
MariCHRAZipCd	Line 17	USZIPCdType	string maxLength="5" pattern [0-9]{5}	0	1	Optional	MonthlyICHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is entered on line 14.
ApriCHRAZipCd	Line 17	USZIPCdType	string maxLength="5" pattern [0-9]{5}	0	1		MonthlyICHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is entered on line 14.
MayICHRAZIpCd	Line 17	USZIPCdType	string maxLength="5" pattern [0-9]{5}	0	1	Optional	MonthlyICHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 1O, 1P, or 1Q is entered on line 14.
JuniCHRAZIpCd	Line 17	USZIPCdType	string maxLength="5" pattern [0-9]{5}	0	1	Optional	MonthlyICHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 1O, 1P, or 1Q is entered on line 14.
JuliCHRAZipCd	Line 17	USZIPCdType	string maxLength="5" pattern [0-9]{5}	0	1	Optional	MonthlyICHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 1O, 1P, or 1Q is entered on line 14.
AugiCHRAZIpCd	Line 17	USZIPCdType	string maxLength="5" pattern [0-9](5)	0	1	Optional	MonthlyICHRAZIpCdGrp Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is entered on line 14.
SepiCHRAZipCd OctiCHRAZipCd	Line 17	USZIPCdType USZIPCdType	string maxLength="5" pattern [0-9]{5}	0	1	Optional	MonthlyICHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is entered on line 14. MonthlyICHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is
OCTICHRAZIPCA NoviCHRAZIPCA	Line 17	USZIPCdType USZIPCdType	string maxLength="5" pattern [0-9]{5} string	0	1	Optional	Monthly/LHKAZIpCdGrp Enter the zip code only if code 1L, 1M, 1N, 1O, 1P, or 1Q is entered on line 14. Monthly/CHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is
novic-полеции DeciCHRAZipCd	Line 17	USZIPCdType	maxLength="5" pattern [0-9]{5} string	0	1	Optional	entered on line 14. Monthly/CHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is Monthly/CHRAZipCdGrp Enter the zip code only if code 1L, 1M, 1N, 10, 1P, or 1Q is
DeciLHKA2pLd Coveredindividualind	N/A		string maxLength="5" pattern [0-9]{5} string	0	1		MonthlyU.H.R.A.(p)c.disrp Enter the zip code only if code 11, 1M, 1N, 10, 1P, or 1Q is entered on line 14. Enter "0" for false or "1" for true to indicate if the employer offers employer-
CoveredindividualGrp	Lines 18-30	DigitBooleanType EmployerCoveredIndividualType	enumerations: "0" or" 1" complexType	0	99	Optional	Enter 'U' 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. The complex element CoveredIndividualGrp should be present when the
Loveredindividualsrp CoveredindividualName	N/A	EmployerCoveredIndividual Lype OtherCompletePersonNameType		1	1	·	CoveredindividualInd is "1". It allows for up to 99 covered individuals to be submitted on each 1095-C.
CoveredinaviauaiName PersonFirstNm	N/A Lines 18(a)-	OtherCompletePersonName ype PersonFirstNameType	complexType string	1	1	Required Required	Coveredindividual/same is a complex element. It is required when Coveredindividual/srp is present in the xml. The PersonFirstNm is required if CoveredindividualName is included in the xml.
	30(a)		maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]				Typically used for a person's first name. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, trailing space, adjacent spaces, and other symbols.
PersonMiddleNm	Lines 18(a)- 30(a)	PersonMiddleNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	0	1	Optional	The PersonMiddleNm is optional. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Character: leading space, trailing space, adjacent spaces, and other symbols.
PersonLastNm	Lines 18(a)- 30(a)	PersonLastNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	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	Lines 18(a)- 30(a)	SuffixNameType	string maxLength="20" ([A-Za-z\-] ?)*[A-Za-z\-]	0	1	Optional	The SuffixNm is optional. Legal Characters: A-Z, a-z, hyphen and single space. Illegal Characters: leading space, 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 the xml Schema. Legal Characters: A-Z, hyphen and space. Illegal Characters: numbers and symbols

TINRequestTypeCd	N/A	TINRequestTypeCodeType	string enumerations: INDIVIDUAL_TIN BUSINESS_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	UNKNOWN	0	1	Optional	There is an optional choice between SSN or BirthDt
SSN	Lines 18(b)- 30(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 18(c)- 30(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	N/A	DigitBooleanType or MonthIndGrpType		0	1	Optional	There is an optional choice of CoveredIndividualAnnualInd or CoveredIndividualMonthlyIndGrp.
CoveredindividualAnnualind	Lines 18(d)- 30(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 18(e)- 30(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.
FebruaryInd	Lines 18(e)- 30(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 18(e)- 30(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered folleast one day per month.
Aprillnd	Lines 18(e)- 30(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered folleast one day per month.
MayInd	Lines 18(e)- 30(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.
Juneind	Lines 18(e)- 30(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered fo least one day per month.
JulyInd	Lines 18(e)- 30(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered folleast one day per month.
Augustind	Lines 18(e)- 30(e)	DigitBooleanType	string enumerations: """ or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered folleast one day per month.
SeptemberInd	Lines 18(e)- 30(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered folleast one day per month.
OctoberInd	Lines 18(e)- 30(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered fo least one day per month.
NovemberInd	Lines 18(e)- 30(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered folleast one day per month.
Decemberind	Lines 18(e)- 30(e)	DigitBooleanType	string enumerations: "0" or" 1"	0	1	Optional	Put "1" for true to indicate the months in which the individual was covered folleast one day per month.
ordType	N/A	string	string	1	1	Required	The underlying COTS product requires the recordType and lineNum attributes
Num	N/A	integer	integer			Required	