

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

7777-1



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DWMM

AFFORDABLE CARE ACT

Transmittal of Health Coverage Information Returns
Go to www.irs.gov/form1095-B for instructions and the latest information.

COMPLYRIGHT

2021
ACA
SOFTWARE

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns
Go to www.irs.gov/form1095-C for instructions and the latest information.

Form 1095-B
Department of the Treasury
Internal Revenue Service
Health Coverage Information Returns

Form 1095-C
Department of the Treasury
Internal Revenue Service
Applicable Large Employer Member (ALEM)

Form 1094-B
Department of the Treasury
Internal Revenue Service
Transmittal of Health Coverage Information Returns

Form 1094-C
Department of the Treasury
Internal Revenue Service
Applicable Large Employer Member (ALEM)

Form 1095-B
Department of the Treasury
Internal Revenue Service
Health Coverage Information Returns

Form 1095-C
Department of the Treasury
Internal Revenue Service
Applicable Large Employer Member (ALEM)

Complete,
Print & E-File*
IRS-Compliant
Forms:
1094-B
1094-C
1095-B
1095-C

15
FREE
Filings

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
 CORRECTED

Part I Employee		Applicable Large Employer Member (Employer)															
1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)		7 Name of employer			8 Employer identification number (EIN)			10 Contact telephone number							
3 Street address (including apartment no.)		9 Street address (including room or suite no.)		11 City or town		12 State or province		13 Country and ZIP or foreign postal code									
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code							
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)																	
15 Employee Required Contribution (see instructions)		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)																	
17 ZIP Code																	
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									(f) Covered all 12 months			
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>