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DWMR

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

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

1 Name of employee (first name, middle initial, last name)
2 Social security number (SSN)
3 Street address (including apartment no.)
4 City or town
5 State or province
6 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employe

7 Name of employer
8 Empl
9 Street address (including room or suite no.)
10 Conta
11 City or town
12 State or province
13 Countr

Part II Employee Offer of Coverage — **Employee's Age on January 1** — **Plan Start Month** (enter 2-digit nur

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
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 empl

	(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 Jan	Feb	Mar	Apr	May	June	July	Aug	Se
18				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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System Requirements:
Windows® 10 and up, 2 GHz processor or higher, 4GB RAM or higher (8GB for e-filing), 600 MB of disk space, display optimized for 1920x1080 screen resolution or higher, internet access for updates and e-filing process. Works with most Windows® compatible printers (laser printers are recommended). Admin rights required.

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