



# Complete 1094-C (Authoritative Transmission) data



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Complete the applicable 1094-C data.

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This page is used to report summary information for each Applicable Large Employers (ALE) member information data for Form 1094-C (Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns) reporting purposes. The Form 1094-C must be filed when an employer files one or more Forms 1095-C. Additionally, the 1094-C is used to determine whether an employer owes a payment under the employer shared responsibility provisions under section 4980H.

For specific information about Form 1094-C, click [here](#) and refer to the Instructions for Form 1094-C.

The page consists of the following three tabs:

- ALE Member Information
- ALE Member Information - Monthly
- Other ALE Members of Aggregated ALE Group

**Enter 1094-C data:**

<b>ALE Member Information tab</b>	<b>Field</b>	<b>Description</b>
	<b>Calendar Year</b>	Populated with the current calendar year; however, you can enter a different year. The year must be greater than or equal to 2015.
	Click <b>Retrieve</b> to retrieve the employer's record.	
	<b>Is this the authoritative transmittal for this ALE Member?</b>	Select to designate the Form 1094-C transmittal as the authoritative transmittal that reports the employer's aggregate employer-level data.  <b>Note:</b> Only one authoritative transmittal should be filed for each employer.
	Under <b>ALE Member Information</b> , select the applicable fields:	
	<b>Total number of Forms 1095-C filed by and/or on behalf of ALE Member</b>	Type the employer's total number of filed Forms 1095-C. You can run verify the number of records by running the Reports > HR Reports > Payroll Information Reports > HRS6720 - ACA 1095 YTD Report.
<b>Member of an Aggregated ALE Group</b>	Select if the employer was a member of an Aggregated ALE Group during any month during the calendar year.	
Under <b>Certifications of Eligibility</b> , select all of the applicable codes:		
<b>A. Qualifying Offer Method</b>		
<b>B. Qualifying Offer Method Transition Relief</b> - Form revision per 2016 IRS guidelines, effective for the 2016 tax year: <b>B. Reserved and disabled</b> (default is N for the 2016 tax year).		
<b>C. Section 4980H Transition Relief</b> - Form revision per 2017 IRS guidelines, effective for the 2017 tax year: <b>C. Reserved</b>		
<b>D. 98% Offer Method</b>		
<b>Note:</b> If <b>C</b> is selected, the <b>Section 4980H Transition Relief Indicator</b> column is enabled on the ALE Member Information - Monthly tab.		

<b>ALE Member Information - Monthly tab</b>	<b>Column</b>	<b>Description</b>
	<b>Minimum Essential Coverage Offer Indicator</b>	<p>In the <b>All 12 months</b> field:</p> <p>Select <b>Yes</b> if the employer offered the minimum essential coverage to at least 95% of its full-time employees and their dependents for the entire calendar year, or if the employer did not offer the minimum essential coverage to at least 95% of its full-time employees and their dependents but is eligible for certain transition relief.</p> <p>Select <b>No</b> if the employer did not offer the minimum essential coverage for all months in the calendar year.</p> <p>If the employer offered the minimum essential coverage only in certain calendar months, select <b>Yes</b> or <b>No</b> for the applicable months.</p>
	<b>Full-Time Employee Count for ALE Member</b>	<p>Type the number of full-time employees for each month, but do not count any employee in a Limited Non-Assessment Period.</p> <p>If the total number of employees was the same for every month of the calendar year enter that number in the <b>All 12 Months</b> field, or in each individual field. The <b>All 12 months</b> field is not automatically populated.</p>
	<b>Total Employee Count for ALE member</b>	Type the total number of employees for the ALE member either for All 12 months, or for each individual month. The <b>All 12 months</b> field is not automatically populated.
	<b>Aggregated Group Indicator</b>	<p>This column must be completed if <b>Member of an Aggregated ALE Group</b> is selected on the ALE Member Information tab.</p> <p>Select <b>All 12 Months</b> if the employer was a member of an Aggregated ALE Group for all 12 months of the calendar year.</p> <p>If the employer was a member of an Aggregated ALE Group for one or more months during the calendar year, select the applicable month (<b>Jan - Dec</b>) fields.</p>
<b>Section 4980 Transition Relief Indicator</b>	<p>The <b>Section 4980H Transition Relief Indicator</b> column is only enabled if <b>C</b> is selected on the ALE Member Information tab.</p> <p>Type one of the following relief codes based on the employer's certification of eligibility.</p> <p>A - If the employer is eligible for the 50 to 99 Relief. B - If the employer is eligible for the 100 or More Relief.</p>	
<b>Other ALE Members of Aggregated ALE Group</b>	<p>Enter data in the following fields for ALE members included in the Aggregated ALE Group. A maximum of 30 records can be entered.</p> <p><b>Member Name</b> <b>Employee Identification Number (EIN)</b></p>	

Click **Save**.