



# Verify 1095 data



# Table of Contents

**Verify 1095 data** ..... i



# Verify 1095 data

Generate the [Personnel > Reports > Payroll Information Reports > HRS6720 - ACA 1095 YTD Report](#) to verify 1095 data for each employee.

## 1095-B:

Reports > Payroll Information Reports > ACA 1095 YTD Report Personnel

Preview PDF CSV Clear Options

Payroll Information Reports HRS6720 - ACA 1095 YTD Report

Parameter Description	Value
1095-B (B) or 1095-C (C)	B
Calendar Year (YYYY)	20XX
Print SSN (S), or Masked SSN (M)	M
Select Employee(s), or blank for ALL	
1095-C - EMP Offer and Coverage (E), Covered Individual (C), or blank for ALL	

[HRS1250 - Employee Data Listing](#)  
[HRS1450 - Employee Mailing Labels](#)  
[HRS1650 - Employee Salary Information](#)  
[HRS5250 - 1095-B Forms](#)  
[HRS5255 - 1095-C Forms](#)  
[HRS6300 - Employee Permit Data](#)  
[HRS6350 - Employee Responsibility Data](#)  
[HRS6400 - Salary Verification Report](#)  
[HRS6450 - Health Insurance Coverage](#)  
[HRS6500 - Campus Information](#)  
[HRS6550 - Employee Extra Duty Report](#)  
[HRS6600 - Campus Improvement Plan Emp FTE Report](#)  
[HRS6700 - Health Insurance Status Report](#)  
[HRS6720 - ACA 1095 YTD Report](#)

Date Run:	ACA YTD 1095-B Report		Program: HRS6720												
City Dist:	ISD		Page: 1 of 2												
Year: 20	Emp Nbr	Coverage Type													
ALEXIS ARANDA	000036	Employer-sponsored coverage													
Covered Individuals															
Name	SSN	DOB	All	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Alex Aranda	***-**-5555	10-04-2005	<input checked="" 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"/>

## 1095-C:

Reports > Payroll Information Reports > ACA 1095 YTD Report Personnel

Preview PDF CSV Clear Options

Payroll Information Reports HRS6720 - ACA 1095 YTD Report

Parameter Description	Value
1095-B (B) or 1095-C (C)	C
Calendar Year (YYYY)	2023
Print SSN (S), or Masked SSN (M)	M
Select Employee(s), or blank for ALL	
1095-C - EMP Offer and Coverage (E), Covered Individual (C), or blank for ALL	

[HRS1250 - Employee Data Listing](#)  
[HRS1450 - Employee Mailing Labels](#)  
[HRS1650 - Employee Salary Information](#)  
[HRS5250 - 1095-B Forms](#)  
[HRS5255 - 1095-C Forms](#)  
[HRS6300 - Employee Permit Data](#)  
[HRS6350 - Employee Responsibility Data](#)  
[HRS6400 - Salary Verification Report](#)  
[HRS6450 - Health Insurance Coverage](#)  
[HRS6500 - Campus Information](#)  
[HRS6550 - Employee Extra Duty Report](#)  
[HRS6600 - Campus Improvement Plan Emp FTE Report](#)  
[HRS6700 - Health Insurance Status Report](#)  
[HRS6720 - ACA 1095 YTD Report](#)

Date Run:

ACA YTD 1095-C Report  
ISD

Program: HRS6720  
Page: 1 of 2

Cnty Dist:

Year: 20

Employee Name

Emp Nbr

ABELINDA LEROY ACOSTA

000003

Employee Offer and Coverage

	All	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Offer Of Coverage	1A												
Employee Share	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
Safe Harbor	2A												