



Generate the comparison report

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Generate the W2/1095 comparison report to verify that each employee with a W-2 for the specified reporting tax year has a 1095 form.

| Parameter Description | Value |
|---|-------|
| Comparison Report (C), 1095-B Forms (1), IRS AIR File (2) | C |
| Final Run - Create Historical Record ? (Y/N) | N |
| Tax Year (####) | 20XX |
| Print SSN (S), or Masked SSN (M) | M |
| Sort by Alpha (A), SSN (S), or Pay Campus (C) | A |
| Print on Both Sides of Paper ? (Y/N) | N |
| Select Pay Campus(es), or blank for ALL | |
| Select Employee(s), or blank for ALL | |
| Original (O), or Test(T) File | |
| Prior Year Data ? (Y/N) | |

Date Run: _____ W-2 1095-B Comparison Report Program: HRS5250
 Cnty Dist: _____ SD Page: 8 of 9
 Tax Year: _____

Alphabetic Sequence

| Emp Nbr | SSN | Employee Name | W-2 | 1095-B |
|---------|-------------|---------------|-----|--------|
| 010193 | ***-**-0321 | [REDACTED] | Yes | No |
| 010194 | ***-**-6178 | [REDACTED] | Yes | No |
| 010195 | ***-**-3622 | [REDACTED] | Yes | No |
| 010196 | ***-**-6865 | [REDACTED] | Yes | No |
| 010197 | ***-**-2568 | [REDACTED] | Yes | Yes |
| 010198 | ***-**-6737 | [REDACTED] | Yes | No |
| 010200 | ***-**-4640 | [REDACTED] | Yes | No |
| 010199 | ***-**-2052 | [REDACTED] | Yes | No |
| 010202 | ***-**-3855 | [REDACTED] | Yes | No |

LEAs with less than 50 full-time equivalents are required to provide form 1095-B for ALL covered employees and ONLY covered employees, not necessarily everyone who received a W-2. If the employee was not enrolled in the LEA's health insurance, do not complete form 1095-B for the employee.

LEAs with 50 or more full-time equivalents are required to provide form 1095-C for ALL covered employees and for any employee that was full-time for any month of the calendar year, not necessarily everyone who received a W-2. The LEA is not required to provide a 1095 C to part-time employees who are not enrolled in the LEA's insurance plan.



Back Cover