



## Generate the comparison report



# Table of Contents



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[Personnel](#) > [Reports](#) > [Payroll Information Reports](#) > [HRS5250 - 1095-B Forms](#) or [HRS5255 - 1095-C Forms](#)

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: \_\_\_\_\_ Program: HRSS250  
 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