



## **Generate the comparison report**



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# 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.

Date Run:		W-2 1095-B Comparison Report		Program: HRSS250	
Cnty Dist:		SD		Page: 8 of 9	
Alphabetic Sequence		Tax Year:			
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