



1094c

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This page allows you to manually input and track 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. 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:

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

ALE Member Information - Monthly tab	Column	Description
	Minimum Essential Coverage Offer Indicator	<p>In the All 12 months field:</p> <p>Select Yes 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 No 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 Yes or No for the applicable months.</p>
	Full-Time Employee Count for ALE Member	<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 All 12 Months field, or in each individual field. The All 12 months field is not automatically populated.</p>
	Total Employee Count for ALE member	<p>Type the total number of employees for the ALE member either for All 12 months, or for each individual month. The All 12 months field is not automatically populated.</p>
	Aggregated Group Indicator	<p>This column must be completed if Member of an Aggregated ALE Group is selected on the ALE Member Information tab.</p> <p>Select All 12 Months 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 (Jan - Dec) fields.</p>
	Section 4980 Transition Relief Indicator	<p>The Section 4980H Transition Relief Indicator column is only enabled if C 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>
Other ALE Members of Aggregated ALE Group	Member Name Employee Identification Number (EIN)	<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>

Other functions and features:

 [Delete a row.](#)
Click to delete a row. The row is shaded red to indicate that it will be deleted when the record is saved.



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