

1094-C - HRS3880

Table of Contents

1094-C - HRS3880 1

1094-C - HRS3880

Personnel > Maintenance > ACA 1095 YTD Data > 1094-C

This page is used to report summary information for each 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. Additionally, the 1094-C is used to determine whether an employer owes a payment under the employer shared responsibility provisions under section 4980H.

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.

<table>
<tr><td>ALE Member Information - Monthly tab</td><td>
<table>
<tr><th>Column</th><th>Description</th></tr>
<tr><td>Minimum Essential Coverage Offer Indicator</td><td>In the All 12 months field:

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.

Select No if the employer did not offer the minimum essential coverage for all months in the calendar year.

If the employer offered the minimum essential coverage only in certain calendar months, select Yes or No for the applicable months.</td></tr>
<tr><td>Full-Time Employee Count for ALE Member</td><td>Type the number of full-time employees for each month, but do not count any employee in a Limited Non-Assessment Period.

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.</td></tr>
<tr><td>Total Employee Count for ALE member</td><td>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.</td></tr>
<tr><td>Aggregated Group Indicator</td><td>This column must be completed if Member of an Aggregated ALE Group is selected on the ALE Member Information tab.

Select All 12 Months if the employer was a member of an Aggregated ALE Group for all 12 months of the calendar year.

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.</td></tr>
<tr><td>Section 4980 Transition Relief Indicator</td><td>The Section 4980H Transition Relief Indicator column is only enabled if C is selected on the ALE Member Information tab.

Type one of the following relief codes based on the employer's certification of eligibility.

A - If the employer is eligible for the 50 to 99 Relief.
B - If the employer is eligible for the 100 or More Relief.</td></tr>
</table>
</td></tr>
<tr><td>Other ALE Members of Aggregated ALE Group</td><td>Enter data in the following fields for ALE members included in the Aggregated ALE Group. A maximum of 30 records can be entered.

Member Name
Employee Identification Number (EIN)</td></tr>
</table>

❑ Click **Save**.

Other functions and features:

Delete	Click to delete the entire 1094-C record. The data on all three tabs is deleted.


ASCENDER
ELEVATING TECHNOLOGY SOLUTIONS
ASCENDER GUIDES
ASCENDER
ELEVATING TECHNOLOGY SOLUTIONS

Back Cover