

**Tax Year 2016 / Processing Year 2017**

**Predefined Scenario**

**Submission 2 Narratives – (Test Scenarios 2-0, 2-1)**

**Instructions:** Prepare a transmission using the Tax Year 2016 1094-B and 1095-B Forms for an issuer of health coverage. In this scenario, Worktesttwo is the issuer who will be reporting health coverage information for one responsible individual. This scenario has also identified that the health coverage was purchased through the SHOP program and will also complete 1095-B Part II Employer-Sponsored Coverage for Workshoptwo.

**1094-B Submission Narrative Information**

**Scenario 2-0**

**Filer's Name:** Worktesttwo

**Employer Identification Number (EIN):** 00-0000215

**Name of person to contact:** Fred Lincoln

**Contact telephone number:** 5555372511

**Address:** 2277 Holly Place

**City:** Washington

**State of province:** DC

**Country and ZIP or foreign postal code:** 20022

**Total number of Forms 1095-B submitted with this transmittal:** 1

Signature, title and date can be left blank, as there is no requirement for these elements within TY2016.

**1095-B Record Narrative Information**

**Scenario 2-1 Responsible Individual #1**

**Part I Responsible Individual**

**Responsible Individual Name:** Vicky Willhelm

**Social Security Number (SSN):** 000-00-0211

**Date of Birth (if no SSN available):** not applicable for this scenario

**Address:** 2255 Oak Avenue

**City:** Dublin

**State:** OH

**Country and ZIP or foreign postal code:** 43016

**Enter letter identifying Origin of the Health Coverage:** A – Small Business Health Options Program (SHOP)

**Part II Information about Certain Employer-Sponsored Coverage**

**Employer Name:** Workshoptwo

**Employer Identification Number (EIN):** 00-0000250

**Address:** 1095 Cedar Lane

**City:** Westerville

**State or province:** OH

**Country and ZIP or foreign postal code:** 43081

**Part III Issuer or Other Coverage Provider**

**Filer's Name:** Worktesttwo

**Employer Identification Number (EIN):** 00-0000215

**Contact telephone number:** 5555372511

**Address:** 2277 Holly Place

**City:** Washington

**State of province:** DC

**Country and ZIP or foreign postal code:** 20022

**Part IV Covered Individuals**

Vicky and her spouse were covered for at least one day per month for each month January 1<sup>st</sup> through September 30<sup>th</sup> (inclusive).

**Responsible Individual:** Vicky Willhelm 000-00-0211

**Spouse:** Wilfred Willhelm 000-00-0212