

**Tax Year 2018 / Processing Year 2019**  
**Predefined Scenario**  
**Submission 5 Narratives – (Test Scenarios 5-0, 5-1, 5-2)**

**Instructions:** Prepare a transmission using the Tax Year 2018 1094-C and 1095-C Forms for an Applicable Large Employer (ALE). In this scenario, Darrtestfive is the ALE who will be reporting employer provided self-insured health coverage information for two employees.

**1094-C Submission Narrative Information**

**Scenario 5-0**

**Part I ALE Information**

**ALE Name:** Darrtestfive

**Employer Identification Number (EIN):** 00-0000599

**Address:** 4689 Redwood Avenue, Austin, TX 78755

**ALE Point of Contact:** Susan Williamson

**ALE Point of Contact Phone Number:** 5551234567

There are two 1095-Cs included with this transmittal.

This is the authoritative transmittal for Darrtestfive.

**Part II ALE Member Information**

Darrtestfive will have a total of 322 Form 1095-Cs filed by and/or on its behalf.

Darrtestfive was a member of an Aggregated ALE Group for all 12 months of the year.

While it is not required to check any boxes on line 22 and more than one method may be applicable for an ALE, Darrtestfive qualifies for the Qualifying Offer Method.

Signature, title and date can be left blank, as there is no requirement for these elements in TY2018.

**Part III ALE Member Information – Monthly**

Darrtestfive offered minimum essential coverage (column a) to at least 95% of their full-time employees and dependents from January 1<sup>st</sup> through December 31<sup>st</sup> (inclusive).

The Section 4980H Full-Time Employee Count (column b) and Total Employee Count (column c) for all 12 months are as follows:

<b>Month</b>	<b>Section 4980H Full-Time Employee Count for ALE Member</b>	<b>Total Employee Count for ALE Member</b>
Jan	315	330
Feb	316	335
Mar	316	335
Apr	316	335
May	316	335
June	316	335
July	318	335
Aug	318	333
Sept	318	333

Oct	318	333
Nov	318	333
Dec	318	333

**Note:** There are two correct ways to complete this form. Entries for the Minimum Essential Coverage Offer Indicator (column a) and the Aggregated Group Indicator (column d) could be listed in the All 12 Months line (line 23) or in each of the individual month lines (lines 24-35).

**In this 1094-C submission, the entries for columns (a), (b), (c), & (d) should be completed within each individual month on lines 24-35.**

**Part IV Other ALE Members of the Aggregated ALE Group**

Darrtestfive Subsidiary One	EIN 00-0000600
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**1095-C Record Narrative Information**

**Scenario 5-1 Employee #1**

**Part I Employee**

**Employee:** Odette Davidson

**SSN:** 000-00-0533

**Address:** 2993 Spruce Lane, Fort Collins, CO 80522

**Part II Employee Offer of Coverage**

Darrtestfive chooses to enter a Plan Start Month of January (“01”) showing the month in which the plan year begins.

Darrtestfive made a Qualifying Offer of minimum essential coverage providing minimum value for their full-time employee, Odette Davidson, with the employee required contribution equal to or less than 9.5% of mainland single federal poverty line and at least minimum essential coverage offered to her spouse and dependent(s) from January 1<sup>st</sup> to December 31<sup>st</sup> (inclusive).

Darrtestfive has chosen not to include any Safe Harbor Codes.

**Note:** There are two correct ways to complete this form. In this scenario entries for the Offer of Coverage Code should be entered in the All 12 months column.

**Part III Covered Individuals**

Darrtestfive offers self-insured coverage and will check the checkbox in Part III and list the covered individuals including the employee listed in Part I.

Odette, her spouse Peter, and dependents Mindy and Nicholas were enrolled in the coverage “All 12 Months” by the plan that was offered by her employer.

**Covered Individuals:**

**Employee:** Odette Davidson 000-00-0533

**Spouse:** Peter Davidson’s SSN was not on file at Darrtestfive. However, his birthday is listed as 1970-02-06 (YYYY-MM-DD)

**Dependents:** Mindy Davidson 000-00-0534 and Nicholas Davidson 000-00-0535

## **Scenario 5-2 Employee #2**

### **Part I Employee**

**Employee:** Rose Davichi

**SSN:** 000-00-0577

**Address:** 847 Walnut Avenue, Roy, NM 87743

### **Part II Employee Offer of Coverage**

Darrtestfive chooses to enter a Plan Start Month of January ("01") showing the month in which the plan year begins.

Darrtestfive made an Offer of Coverage to their part-time employee, Rose Davichi, her spouse and dependent from January 1<sup>st</sup> to December 31<sup>st</sup> (inclusive).

Darrtestfive has chosen not to include any Safe Harbor Codes.

**Note:** There are two correct ways to complete this form. In this scenario, entries for the Offer of Coverage Code should be entered in the All 12 months column.

### **Part III Covered Individuals**

Darrtestfive offers self-insured coverage and will check the checkbox in Part III and list the covered individuals including the employee listed in Part I.

Rose, her spouse Omar, and dependent Sam were covered "All 12 Months" by the plan that was offered by her employer. Rose's dependent, Erica, was only covered by the plan for the months of July 1<sup>st</sup> through December 31<sup>st</sup> (inclusive).

#### **Covered Individuals:**

**Employee:** Rose Davichi 000-00-0577

**Spouse:** Omar Davichi 000-00-0578

**Dependents:** Sam Davichi 000-00-0579 and Erica Davichi who's SSN was not on file at Darrtestfive. However, her birthday is listed as 2005-12-05 (YYYY-MM-DD).

**Note:** While it is understood that there are two correct ways to complete Part III, in this AATS Scenario, please select the "Covered all 12 months" check box rather than entering data in each of the 12 monthly check boxes where applicable.