

**Tax Year 2019 / Processing Year 2020**

**Predefined Scenario**

**Submission 4 Narratives – (Test Scenarios 4-0, 4-1)**

**Instructions:** Prepare a transmission using the Tax Year 2019 1094-C and 1095-C Forms for an Applicable Large Employer (ALE). In this scenario, Gammtestfour County is the ALE who will be reporting health coverage information for one employee. This scenario is for an ALE (Gammtestfour County) who will have a Designated Government Entity (DGE) (Gammtestfour State Government) completing the ACA Forms on their behalf. This scenario will complete lines 9-16 on the 1094-C. This ALE does not offer Employer Self-Insured Coverage.

**1094-C Submission Narrative Information**

**Scenario 4-0**

**Part I ALE Information**

**ALE Name:** Gammtestfour County

**Employer Identification Number (EIN):** 00-0000401

**Address:** 2946 Pear Street, West Bend, WI 53095

**ALE Point of Contact:** Danny Whitney

**ALE Point of Contact Phone Number:** 5551452365

**DGE Name:** Gammtestfour State Government

**Employer Identification Number (EIN):** 00-0000407

**DGE Address:** 1155 Alder Avenue, Madison, WI 53703

**DGE Point of Contact:** Sam Castle

**DGE Point of Contact Phone Number:** 5551115555

There is one 1095-C included with this transmittal.

This is not the authoritative transmittal for Gammtestfour County.

Signature, title and date can be left blank, as there is no requirement for these elements in TY2019.

**1095-C Record Narrative Information**

**Scenario 4-1 Employee #1**

**Part I Employee**

**Employee:** Ida Gavitas

**SSN:** 000-00-0422

**Address:** 2845 Plum Street, West Bend, WI 53095

**Part II Employee Offer of Coverage**

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

Gammtestfour County did offer minimum essential coverage providing minimum value for Ida and at least minimum essential coverage to her dependent(s) and spouse from January 1<sup>st</sup> to July 31<sup>st</sup> (inclusive).

Ida's Employee Required Contribution, for Self-Only Minimum Coverage was \$152.00 per month.

She enrolled in the coverage that was offered to her for the months of January 1<sup>st</sup> to July 31<sup>st</sup> (inclusive). Ida terminated her employment on July 31<sup>st</sup> and was not offered coverage for the months from August 1<sup>st</sup> through December 31<sup>st</sup> (inclusive).

Gammtestfour County entered the Applicable Section 4980H Safe Harbor Code for the months Ida was enrolled in the coverage her employer offered from January 1<sup>st</sup> to July 31<sup>st</sup> (inclusive) and those months in which she was not employed.