Specific Instructions for Form 1095-C

Part I—Employee

Line 1. Enter the name of the employee (first name, middle initial, last name).

Line 2. Enter the 9-digit SSN of the employee (including the dashes).

Lines 3–6. Enter the employee's complete address, including apartment no., if applicable. A country code is not required for U.S. addresses.

Part I—Applicable Large Employer Member (Employer)

Line 7. Enter the name of the ALE Member.

Line 8. Enter the ALE Member's EIN. Do not enter an SSN. Enter the 9-digit EIN, including the dash. The ALE Member's name and EIN should match the name and EIN of the ALE Member reported on lines 1 and 2 of Form 1094-C.

If you are filing Form 1095-C, a valid EIN is required at the time it is filed. If a valid EIN is not provided, Form 1095-C will not be processed. If you do not have an EIN, you may apply for one online. Go to IRS.gov/EIN. You may also apply by faxing or mailing Form SS-4 to the IRS. See the Instructions for Form SS-4 and Pub. 1635.

Lines 9 and 11–13. Enter the ALE Member's complete address (including room or suite no., if applicable). This address should match the address reported on lines 3–6 of the Form 1094-C.

Line 10. Enter the telephone number of the person to contact whom the recipient may call about the information reported on the form. This may be different than the contact information entered on line 8 of Form 1094-C.

Part II—Employee Offer of Coverage

Age. If the employee was offered an individual coverage HRA, enter the employee's age on January 1, 2023. Note that for non-calendar year plans or for employees who become eligible during the plan year, this age may not be the *Applicable age* used to determine *Employee Required Contribution*.

Plan Start Month. This box is required for the 2023 Form 1095-C and the ALE Member may not leave it blank. To complete the box, enter the 2-digit number (01 through 12) indicating the calendar month during which the plan year begins of the health plan in which the employee is offered coverage (or would be offered coverage if the employee were eligible to participate in the plan). If more than one plan year could apply (for instance, if the ALE Member changes the plan year during the year), enter the earliest applicable month. If there is no health plan under which coverage is offered to the employee, enter "00."

Line 14. For each calendar month, enter the applicable code from Code Series 1. If the same code applies for all 12 calendar months, you may enter the applicable code in the "All 12 Months" box and not complete the individual calendar month boxes, or you may enter the code in each of the boxes for the 12 calendar months. If an employee was not offered coverage for a month, enter code 1H. Do not leave line 14 blank for any month (including months when the individual was not an employee of the ALE Member). An ALE Member offers health coverage for a month only if it offers health coverage that would provide coverage for every day of that calendar month. Thus, if coverage terminates before the last day of the month (because, for instance, the employee terminates employment with the ALE Member, or otherwise loses eligibility for coverage under the plan), the employee does not actually have an offer of coverage for that month (and code 1H should therefore be entered on line 14). See line 16, code 2B, later, for how the ALE Member may complete line 16 in the event that coverage terminates before the last day of the month.

A code must be entered for each calendar month, January through December, even if the employee was not a full-time employee for one or more of the calendar months. Enter the code identifying the type of health coverage actually offered by the ALE Member (or on behalf of the ALE Member) to the employee, if any. If the employee was not actually offered coverage, enter code 1H (no offer of coverage) on line 14.

For reporting offers of coverage for 2023, an ALE Member relying on the multiemployer arrangement interim guidance should enter code 1H on line 14 for any month for which the ALE Member enters code 2E on line 16 (indicating that the ALE Member was required to contribute to a multiemployer plan on behalf of the employee for that month and therefore is eligible for multiemployer interim rule relief). For a description of the multiemployer arrangement interim guidance, see *Offer of health coverage* in the *Definitions* section. For reporting for 2023, code 1H may be entered without regard to whether the employee was eligible to enroll, or enrolled in, coverage under the multiemployer plan. For reporting for 2024 and future years, ALE Members relying on the multiemployer arrangement interim guidance may be required to report offers of coverage made through a multiemployer plan in a different manner.

Indicator Codes for Employee Offer of Coverage (Form 1095-C, Line 14)

Code Series 1—Offer of Coverage. The Code Series 1 indicator codes specify the type of coverage, if any, offered to an employee, the employee's spouse, and the employee's dependents. The term *Dependent* has the specific meaning set forth in the *Definitions* section of these instructions. In addition, for this purpose, an offer of coverage is treated as made to an employee's dependents only if the offer of coverage is made to an unlimited number of dependents regardless of the actual number of dependents, if any, an employee has during any particular calendar month.

If the type of coverage, if any, offered to an employee was the same for all 12 months in the calendar year, enter the Code Series 1 indicator code corresponding to the type of coverage offered either in the "All 12 Months" box or in each of the 12 boxes for the calendar months.

Conditional offer of spousal coverage. Codes 1J and 1K address conditional offers of spousal coverage (also referred to as "coverage offered conditionally"). A conditional offer is an offer of coverage that is subject to one or more reasonable, objective conditions (for example, an offer to cover an employee's spouse only if the spouse is not eligible for coverage under Medicare or a group health plan sponsored by another employer). Using codes 1J and 1K, an ALE Member may report a conditional offer to a spouse as an offer of coverage, regardless of whether the spouse meets the reasonable, objective condition. A conditional offer may impact a spouse's eligibility for the premium tax credit under section 36B only if all conditions to the offer are satisfied (that is, the spouse was actually offered the coverage and eligible for it) and the Exchange makes a determination about the affordability of the offer. To help employees (and spouses) who have received a conditional offer determine their eligibility for the premium tax credit, the ALE Member should be prepared to provide, upon request, a list of any and all conditions applicable to the spousal offer of coverage. As is noted in the definition of *Dependent* in the *Definitions* section, a spouse is not a dependent for purposes of section 4980H.

An ALE Member may not report a conditional offer of coverage to an employee's dependents as an offer to the dependents, unless the ALE Member knows that the dependents met the condition to be eligible for the ALE Member's coverage. Further, an offer of coverage is treated as made to an employee's dependents only if the offer of coverage is made to an unlimited number of dependents regardless of the actual number of dependents, if any, an employee has during any particular calendar month.

COBRA continuation coverage. An offer of COBRA continuation coverage is reported differently depending on whether or not the offer is made due to an employee's termination of employment.

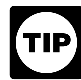
An offer of COBRA continuation coverage that is made to a former employee (or to a former employee's spouse or dependents) due to termination of employment should not be reported as an offer of coverage on line 14. In this situation, code 1H (No offer of coverage) must be entered on line 14 for any month for which the offer of COBRA continuation coverage applies, and code 2A (Employee not employed during the month) must be entered on line 16 (see the instructions for line 16), without regard to whether the employee or spouse or dependents enrolled in the COBRA coverage. However, for the month in which the employee terminates employment with the ALE Member, see the instructions for line 16, code 2B.

An offer of COBRA continuation coverage that is made to an employee who remains employed by the ALE Member (or to that employee's spouse and dependents) should be reported on line 14 as an offer of coverage, but only for any individual who receives an offer of COBRA continuation coverage (or an offer of similar coverage that is made at the same time as the offer of COBRA continuation coverage is made to enrolled individuals). Generally, an offer of COBRA continuation coverage is required to be made only to individuals who were enrolled in coverage and would lose eligibility for coverage due to the COBRA qualifying event, but an ALE Member may choose to extend a similar offer of coverage to a spouse or dependent even if the offer is not required by COBRA.

Example. During the applicable open enrollment period for its health plan, Employer makes an offer of minimum essential coverage providing minimum value to Employee and to Employee's spouse and dependents. Employee elects to enroll in employee-only coverage starting January 1. On June 1, Employee experiences a reduction in hours that results in loss of eligibility for coverage under the plan. As of June 1, Employer terminates Employee's existing coverage and makes an offer of COBRA continuation coverage to Employee, but does not make an offer to Employee's spouse and dependents. Employer should enter code 1E (Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse) on line 14 for months January–May, and should enter code 1B (Minimum essential coverage providing minimum value offered to employee only) on line 14 for months June–December.

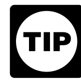
Note. Notwithstanding the preceding instructions for completing line 14 of Form 1095-C, for purposes of section 4980H, an ALE Member is treated as having made an offer to the employee's dependents for an entire plan year if the ALE Member provided the employee an effective opportunity to enroll the employee's dependents at least once for the plan year, even if the employee declined to enroll the dependents in the coverage and, as a result, the dependents later did not receive an offer of COBRA coverage.

Post-employment (non-COBRA) coverage. An offer of post-employment coverage to a former employee (or to that former employee's spouse or dependent(s)) for coverage that would be effective after the employee has terminated employment (such as at retirement) should not be reported as an offer of coverage on line 14. If the ALE Member is otherwise required to file Form 1095-C for the former employee (because, for example, the individual was a full-time employee for one or more months in the calendar year in which the termination of employment occurred), the ALE Member should enter code 1H (no offer of coverage) on line 14 for any month to which an offer of post-employment coverage applies, and should also enter code 2A (not an employee) on line 16 (see the instructions for line 16).



For additional information, including examples about reporting offers of COBRA continuation coverage and post-employment coverage, go to IRS.gov/Affordable-Care-Act/Employers/Questions-and-Answers-about-Information-Reporting-by-Employers-on-Form-1094-C-and-Form-1095-C.

- **1A.** Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with Employee Required Contribution equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s).



This code may be used to report for specific months for which a Qualifying Offer was made, even if the employee did not receive a Qualifying Offer for all 12 months of the calendar year. However, an ALE Member may not use the Alternative Furnishing Method for an employee who did not receive a Qualifying Offer for all 12 calendar months.

- **1B.** Minimum essential coverage providing minimum value offered to employee only.
- **1C.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).
- **1D.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)). Do not use code 1D if the coverage for the spouse was offered conditionally. Instead, use code 1J.
- **1E.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. Do not use code 1E if the coverage for the spouse was offered conditionally. Instead, use code 1K.
- **1F.** Minimum essential coverage NOT providing minimum value offered to employee; employee and spouse or dependent(s); or employee, spouse, and dependents.
- **1G.** Offer of coverage for at least one month of the calendar year to an individual who was not an employee for any month of the calendar year or to an employee who was not a full-time employee for any month of the calendar year (which may include one or more months in which the individual was not an employee) and who enrolled in self-insured coverage for one or more months of the calendar year.

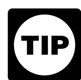
Note. Code 1G applies for the entire year or not at all. Therefore, if code 1G applies, an ALE Member must enter code 1G on line 14 in the "All 12 Months" column or in each separate monthly box (for all 12 months).

- **1H.** No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include one or more months in which the individual was not an employee).
- **1I.** Reserved for future use.
- **1J.** Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage conditionally offered to spouse; minimum essential coverage not offered to dependent(s). (See *Conditional offer of spousal coverage*, earlier, for an additional description of conditional offers.)
- **1K.** Minimum essential coverage providing minimum value offered to employee; at least minimum essential coverage

offered to dependents; and at least minimum essential coverage conditionally offered to spouse. (See *Conditional offer of spousal coverage*, earlier, for an additional description of conditional offers.)

- **1L.** Individual coverage HRA offered to employee only with affordability determined by using employee's primary residence location ZIP code.
- **1M.** Individual coverage HRA offered to employee and dependent(s) (not spouse) with affordability determined by using employee's primary residence location ZIP code.
- **1N.** Individual coverage HRA offered to employee, spouse, and dependent(s) with affordability determined by using employee's primary residence location ZIP code.
- **1O.** Individual coverage HRA offered to employees only using the employee's primary employment site ZIP code affordability safe harbor.
- **1P.** Individual coverage HRA offered to employee and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.
- **1Q.** Individual coverage HRA offered to employee, spouse, and dependent(s) using employee's primary employment site ZIP code affordability safe harbor.
- **1R.** Individual coverage HRA that is NOT affordable offered to employee; employee and spouse, or dependent(s); or employee, spouse, and dependents.
- **1S.** Individual coverage HRA offered to an individual who was not a full-time employee.
- **1T.** Individual coverage HRA offered to employee and spouse (not dependents) with affordability determined using employee's primary residence location ZIP code.
- **1U.** Individual coverage HRA offered to employee and spouse (not dependents) using employee's primary employment site ZIP code affordability safe harbor.
- **1V.** Reserved for future use.
- **1W.** Reserved for future use.
- **1X.** Reserved for future use.
- **1Y.** Reserved for future use.
- **1Z.** Reserved for future use.

Line 15. Complete line 15 only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14 either in the "All 12 Months" box or in any of the monthly boxes. Enter the amount of the Employee Required Contribution, which is, generally, the employee share of the monthly cost for the lowest-cost, self-only, minimum essential coverage providing minimum value that is offered to the employee. For additional details on how to determine the Employee Required Contribution, including how to determine the Employee Required Contribution for the individual coverage HRA, see the *Definitions* section, later. Enter the amount, including any cents. If the employee is offered coverage but the Employee Required Contribution is zero, enter "0.00" (do not leave blank). If the Employee Required Contribution was the same amount for all 12 calendar months, you may enter that monthly amount in the "All 12 Months" box and not complete the monthly boxes. If the Employee Required Contribution was not the same for all 12 months (for instance, if an ALE Member has a noncalendar year plan and the employee share of the premium changes with the new plan year that starts in 2023), enter the amount in each calendar month for which the employee was offered minimum value coverage. See the definition of *Employee Required Contribution* in the *Definitions* section, for more information, including on how to determine the monthly required contribution from annual data.



For line 15, the amount entered might not be the amount the employee is paying for the coverage, for example, if the employee chose to enroll in more expensive coverage, such as family coverage, or if the employee is eligible for certain other healthcare arrangements.

Line 16. For each calendar month, enter the applicable code, if any, from Code Series 2. Enter only one code from Code Series 2 per calendar month. The instructions below address which code to use for a month if more than one code from Code Series 2 could apply. If the same code applies for all 12 calendar months, you may enter the code in the "All 12 Months" box and not complete the monthly boxes. If none of the codes apply for a calendar month, leave the line blank for that month.

Code Series 2—Section 4980H Safe Harbor Codes and Other Relief for ALE Members. An ALE Member enters the applicable Code Series 2 indicator code, if any, on line 16 to report for one or more months of the calendar year that one of the following situations applied to the employee.

- The employee was not employed or was not a full-time employee,
- The employee enrolled in the minimum essential coverage offered,
- The employee was in a Limited Non-Assessment Period with respect to section 4980H(b),
- The ALE Member met one of the section 4980H affordability safe harbors with respect to this employee, or
- The ALE Member was eligible for multiemployer interim rule relief for this employee.

If no indicator code applies, leave line 16 blank. In some circumstances, more than one indicator code could apply to the same employee in the same month. For example, an employee could be enrolled in health coverage for a particular month during which he or she is not a full-time employee. However, only one code may be used for a particular calendar month. For any month in which an employee enrolled in minimum essential coverage, in general, indicator code 2C reporting enrollment is used instead of any other indicator code that could also apply (but see the exceptions to this rule below regarding the multiemployer interim rule relief and enrollment in COBRA continuation coverage or other post-employment coverage). For an employee who did not enroll in health coverage, there are some specific ordering rules for which code to use. See the descriptions of the codes.

Note. There is no code to enter on line 16 to indicate that a full-time employee offered coverage either did not enroll in the coverage or waived the coverage.

- **2A.** Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the calendar month. Do not use code 2A for a month if the individual was an employee of the ALE Member on any day of the calendar month. Do not use code 2A for the month during which an employee terminates employment with the ALE Member.
- **2B.** Employee not a full-time employee. Enter code 2B if the employee is not a full-time employee for the month and did not enroll in minimum essential coverage, if offered for the month. Enter code 2B also if the employee is a full-time employee for the month and whose offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month).
- **2C.** Employee enrolled in health coverage offered. Enter code 2C for any month in which the employee enrolled for each day of the month in health coverage offered by the ALE Member, regardless of whether any other code in Code Series 2 might also apply (for example, the code for a section 4980H affordability safe harbor) except as provided below. Do not enter code 2C on line 16 for any month in which the multiemployer interim rule relief applies (enter code 2E). Do not enter code 2C on line 16 if code 1G is entered on line 14. Do not enter code 2C on line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage or other

post-employment coverage (enter code 2A). Do not enter code 2C on line 16 for any month in which the employee enrolled in coverage that was not minimum essential coverage.

- **2D.** Employee in a section 4980H(b) Limited Non-Assessment Period. Enter code 2D for any month during which an employee is in a section 4980H(b) Limited Non-Assessment Period. If an employee is in an initial measurement period, enter code 2D (employee in a section 4980H(b) Limited Non-Assessment Period) for the month, and not code 2B (employee not a full-time employee). For an employee in a section 4980H(b) Limited Non-Assessment Period for whom the ALE Member is also eligible for the multiemployer interim rule relief for the month, enter code 2E (multiemployer interim rule relief) and not code 2D (employee in a section 4980H(b) Limited Non-Assessment Period).
- **2E.** Multiemployer interim rule relief. Enter code 2E for any month for which the multiemployer arrangement interim guidance applies for that employee, regardless of whether any other code in Code Series 2 (including code 2C) might also apply. This relief is described under *Offer of Health Coverage* in the *Definitions* section of these instructions.

Note. Although ALE Members may use the section 4980H affordability safe harbors to determine affordability for purposes of the multiemployer arrangement interim guidance, an ALE Member eligible for the relief provided in the multiemployer arrangement interim guidance for a month for an employee should enter code 2E (multiemployer interim rule relief), and not code 2F, 2G, or 2H (codes for section 4980H affordability safe harbors).

- **2F.** Section 4980H affordability Form W-2 safe harbor. Enter code 2F if the ALE Member used the section 4980H Form W-2 safe harbor to determine affordability for purposes of section 4980H(b) for this employee for the year. If an ALE Member uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.
- **2G.** Section 4980H affordability federal poverty line safe harbor. Enter code 2G if the ALE Member used the section 4980H federal poverty line safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).
- **2H.** Section 4980H affordability rate of pay safe harbor. Enter code 2H if the ALE Member used the section 4980H rate of pay safe harbor to determine affordability for purposes of section 4980H(b) for this employee for any month(s).

Note. An affordability safe harbor code should not be entered on line 16 for any month that the ALE Member did not offer minimum essential coverage, including an individual coverage HRA, to at least 95% of its full-time employees and their dependents (that is, any month for which the ALE Member checked the "No" box on Form 1094-C, Part III, column (a)). For more information, see the instructions for Form 1094-C, Part III, column (a).

- **2I.** Reserved for future use.

Note. References to 9.5% in the section 4980H affordability safe harbors and Qualifying Offer Method are applied based on the percentage as indexed for purposes of applying the affordability thresholds under section 36B (the premium tax credit). The percentage, as adjusted, is 9.61% for plan years beginning in 2022, and 9.12% for plan years beginning in 2023.

Line 17. If the ALE Member used code 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U because it offered the employee an individual coverage HRA, enter the appropriate ZIP code used for identifying the lowest cost silver plan used to calculate the Employee Required Contribution in line 15. This will be the ZIP code of the employee's residence (code 1L, 1M, 1N, or 1T) or the ZIP code of the employee's primary site of employment if the ALE Member uses the work location safe harbor (code 1O, 1P, 1Q, or 1U).

Location safe harbor for individual coverage HRAs. For purposes of section 4980H(b), an employer may use the cost of self-only coverage for the lowest cost silver plan for the employee for self-only coverage offered through the Exchange where the employee's primary site of employment is located for determining whether an offer of an individual coverage HRA to a full-time employee is affordable. The ZIP code for the employee's primary site of employment is used to identify the applicable lowest cost silver plan to determine affordability.

Part III—Covered Individuals (Lines 18–30)

Note. If there are more than 13 covered individuals, additional copies of page 3, Part III, may be used.

Complete Part III ONLY if the ALE Member offers employer-sponsored, self-insured health coverage, including an individual coverage HRA, in which the employee or other individual enrolled. For this purpose, employer-sponsored, self-insured health coverage does not include coverage under a multiemployer plan. Do not complete Part III if the ALE Member offers coverage only under an insured group health plan. If an ALE Member offers both insured and self-insured coverage, complete Part III only for employees who enroll in the self-insured coverage.

An ALE Member with a self-insured major medical plan and a health reimbursement arrangement (HRA) that has an individual who enrolls in both types of minimum essential coverage is required to report the individual's coverage under only one of the arrangements in Part III. An ALE Member with an insured major medical plan and an HRA that has an individual who enrolls in both types of minimum essential coverage is not required to report in Part III the HRA coverage of an individual if the individual is eligible for the HRA because the individual enrolled in the insured major medical plan. An ALE Member with an HRA must report coverage under the HRA in Part III for any individual who is not enrolled in a major medical plan of the ALE Member (for example, if the individual is enrolled in a group health plan of another employer (such as spousal coverage) or if the ALE Member provides an individual coverage HRA). For additional information on the reporting of supplemental coverage, see Proposed Regulations section 1.6055-1(d)(2) and (3).

If the ALE Member is completing Part III, enter "X" in the checkbox in Part III. If the ALE Member is not completing Part III, do not enter "X" in the checkbox in Part III.

This part **must** be completed by an ALE Member offering self-insured health coverage for any individual who was an employee for one or more calendar months of the year, whether full-time or non-full-time, and who enrolled in the coverage. The employee (if enrolled in self-insured coverage) should be listed on line 18; any other family members who enrolled in coverage offered to the employee should be listed on subsequent lines.

TIP *All employee family members that are covered individuals through the employee's enrollment (for example, because the employee elected family coverage) must be included on the same form as the employee (or any other individual to whom the offer was made). For example, if the employee is offered family coverage by his or her employer under a self-insured health plan and enrolls in the family coverage, the employee and the employee's family members that are covered under the plan must all be reported on the same Form 1095-C.*

If two or more employees employed by the same ALE Member are spouses or an employee and his or her dependent, and one employee enrolled in a coverage option under the plan that also covered the other employee(s) (for example, one

employee spouse enrolled in family coverage that provided coverage to the other employee spouse and their employee dependent child), the enrollment information should be reflected only on Form 1095-C for the employee who enrolled in the coverage. (However, it would report the other employee family members as covered individuals.)

Coverage of non-employee. This part **may** be completed by an ALE Member offering self-insured health coverage for any other individual who enrolled in the coverage under the plan for 1 or more calendar months of the year but was not an employee for any calendar month of the year, such as a non-employee director, a retired employee who retired in a previous year, a terminated employee receiving COBRA continuation coverage (or any other form of post-employment coverage) who terminated employment during a previous year, and a non-employee COBRA beneficiary (but not including an individual who obtained coverage through the employee's enrollment, such as a spouse or dependent obtaining coverage when an employee elects COBRA continuation coverage that is family coverage). If Form 1095-C is used with respect to an individual who was not an employee for any month of the calendar year, Part II must be completed by using code 1G in the "All 12 Months" box or the separate monthly boxes for all 12 calendar months. The employer must report for these individuals using Form 1095-B, if it chooses not to use Form 1095-C.

TIP *If a non-employee individual enrolls in the coverage under a self-insured health plan, all family members that are covered individuals because of the individual's enrollment must be included on the same Form 1095-B or Form 1095-C as the individual who is offered, and enrolls in, the coverage.*

Columns (a) through (e), as applicable, must be completed for each individual enrolled in the coverage, including the employee reported on line 1. Enter the 9-digit SSN or other TIN for each covered individual in column (b). Enter a date of birth in column (c) only if an SSN or other TIN is not entered in column (b). Column (d) will be checked if the individual was covered for at least 1 day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered.

TIP *Governmental Unit employers offering self-insured health coverage that have delegated another Governmental Unit (DGE) for purposes of reporting and furnishing enrollment information (meaning the information that otherwise would be reported on Form 1095-C, Part III), but have not designated a DGE for purposes of reporting and furnishing offer of coverage information (meaning the information that is reported on Form 1095-C, Part II), should file and furnish Forms 1095-C with a completed Part I and Part II, but not a completed Part III, and should not check the box indicating that the Governmental Unit offers self-insured health coverage. In this case, the DGE should file Forms 1094-B and 1095-B to report enrollment information for employees on behalf of the Governmental Unit. See FAQs on IRS.gov.*

A DGE that has been delegated by a Governmental Unit for purposes of reporting and furnishing both offer of coverage and enrollment information (meaning the information that would be reported on Parts II and III of Form 1095-C) should file Forms 1094-C and 1095-C to report the information for employees on behalf of the Governmental Unit.

Column (a). Enter the name of each covered individual (first name, middle initial, last name), including the employee, if the employee is enrolled in self-insured coverage.

Column (b). Enter the 9-digit SSN for each covered individual, including the dashes. For covered individuals who are not the employee listed in Part I, a taxpayer identification number (TIN), rather than an SSN, may be entered if the covered individual does not have an SSN, or the field may be left blank if the covered individual does not have a TIN.

Column (c). Enter a date of birth (YYYY-MM-DD) for the covered individual only if column (b) is blank.

Column (d). Check this box if the individual was covered for at least **one day** per month for all 12 months of the calendar year.

Column (e). If the individual was not covered for all 12 months of the calendar year, check the applicable box(es) for the month(s) in which the individual was covered for at least 1 day in the month.

Definitions

This section contains the definitions of key terms used in Forms 1094-C and 1095-C and these instructions. For definitions of terms not included in this section, see the final regulations under section 4980H, T.D. 9655, 2014-9 I.R.B. 541, at *IRS.gov/irb/2014-9_IRB/ar05.html* and section 6056, T.D. 9661, 2014-13 I.R.B. 855, at *IRS.gov/irb/2014-13_IRB/ar09.html*.

Affordability. Generally, the lowest cost silver plan for the employee based on the employee's residence is used to determine affordability. The ZIP code for the employee's residence is used to identify the applicable lowest cost silver plan to determine affordability.

Aggregated ALE Group. An Aggregated ALE Group refers to a group of ALE Members treated as a single employer under section 414(b), 414(c), 414(m), or 414(o). An ALE Member is a member of an Aggregated ALE Group for a month if it is treated as a single employer with the other members of the group on any day of the calendar month. If an ALE is made up of only one person or entity, that one ALE Member is not a part of an Aggregated ALE Group. Government entities and churches or conventions or associations of churches may apply a reasonable, good faith interpretation of the aggregation rules under section 414 in determining their status as an ALE or member of an Aggregated ALE Group. For more information on how the aggregation rules apply to government entity employers, see Notice 2015-87, Q&A 18, at *IRS.gov/irb/2015-52_IRB/ar11.html*.

Applicable Large Employer (ALE). An ALE is, for a particular calendar year, any single employer, or group of employers treated as an Aggregated ALE Group, that employed an average of at least 50 full-time employees (including full-time equivalent employees) on business days during the preceding calendar year. For purposes of determining an employer's average number of employees, disregard an employee for any month in which the employee has coverage under a plan described in section 4980H(c)(2)(F) (generally, TRICARE or Veterans Administration coverage). A new employer (that is, an employer that was not in existence on any business day in the prior calendar year) is an ALE for the current calendar year if it reasonably expects to employ, and actually does employ, an average of at least 50 full-time employees (including full-time equivalent employees) on business days during the current calendar year. For information on a special rule for certain employers with seasonal workers, see the final regulations under section 4980H and FAQs on IRS.gov.

Applicable Large Employer Member (ALE Member). An ALE Member is a single person or entity that is an ALE, or if applicable, each person or entity that is a member of an Aggregated ALE Group. A person or entity that does not have employees or only has employees with no hours of service (for example, only employees whose entire service consists of work

outside of the United States that does not count as hours of service under section 4980H) is not an ALE Member.

Bona fide volunteer. A bona fide volunteer is an employee of a government entity or tax-exempt organization whose only compensation from that entity or organization is (1) reimbursement for (or reasonable allowance for) reasonable expenses incurred in the performance of services by volunteers, or (2) reasonable benefits (including length of service awards), and nominal fees, customarily paid by similar entities in connection with the performance of services by volunteers.

COBRA continuation coverage. COBRA continuation coverage is health coverage that is required to be offered under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) in certain circumstances in which an employee or other individual covered under a health plan loses eligibility for coverage under that health plan (for example, because the employee terminates employment or has a reduction in hours). For purposes of these instructions, COBRA continuation coverage also includes coverage required under any other federal or state law that provides continuation coverage comparable to that provided under COBRA. For additional details, see section 4980B and Regulations sections 54.4980B-1 through 54.4980B-10.

Dependent. A dependent is an employee's child, including a child who has been legally adopted or legally placed for adoption with the employee, who has not reached age 26. A child reaches age 26 on the 26th anniversary of the date the child was born and is treated as a dependent for the entire calendar month during which he or she reaches age 26. For this purpose, a dependent does not include stepchildren, foster children, or a child that does not reside in the United States (or a country contiguous to the United States) and who is not a United States citizen or national. For this purpose, a dependent does not include a spouse.

Designated Governmental Entity (DGE). A DGE is a person or persons that are part of or related to the Governmental Unit that is the ALE Member and that is appropriately designated for purposes of these reporting requirements. For a Governmental Unit that has delegated some or all of its reporting responsibilities to a DGE for some or all of its employees, one Authoritative Transmittal must still be filed for that Governmental Unit reporting aggregate employer-level data for all employees of the Governmental Unit (including those for whom the Governmental Unit has delegated its reporting responsibilities). For more information, see *Authoritative Transmittal for Employers Filing Multiple Forms 1094-C*, earlier.

Eligible employer-sponsored plan. An eligible employer-sponsored plan refers to group health coverage for employees under (1) a governmental plan, such as the Federal Employees Health Benefits Program (FEHB); (2) an insured plan or coverage offered in the small or large group market within a state; (3) a grandfathered health plan offered in a group market; or (4) a self-insured group health plan for employees, including an individual coverage HRA.

Employee. An employee is an individual who is an employee under the common-law standard for determining employer–employee relationships. An employee does not include a sole proprietor, a partner in a partnership, an S corporation shareholder who owns at least 2% of the S corporation, a leased employee within the meaning of section 414(n), or a worker that is a qualified real estate agent or direct seller.

If an employee is an employee of more than one ALE Member of the same Aggregated ALE Group during a calendar month, the employee is treated as an employee of the ALE Member for whom the employee has the greatest number of hours of service for that calendar month; if the employee has an equal number of hours of service for two or more ALE Members of the same Aggregated ALE Group for the calendar month, those ALE Members must treat one of the ALE Members as the employer of that employee for that calendar month. See *One Form 1095-C for Each Employee of Each Employer* for a discussion of reporting in these circumstances. See Pub.15-A, Employer's Supplemental Tax Guide, for more information on determining who is an employee.

Note. In certain circumstances, an employee may have a break in service (including a break in service due to a termination of employment) during which the individual does not earn hours of service but, upon beginning to earn hours of service again, the ALE Member must treat the individual as a continuing employee rather than a new hire for purposes of certain rules under the regulations under section 4980H. See Regulations sections 54.4980H-3(c)(4) and 54.4980H-3(d)(6). These rules do not impact whether the individual was an employee during the break in service, so the individual should only be treated as an employee during the break in service for purposes of reporting if the individual remained an employee during that period (and had not terminated employment with the ALE Member). For example, an employee on unpaid leave during the break in service would be treated as an employee for reporting purposes during the break in service, while a former employee whose employment had been terminated during the break in service would not be treated as an employee for reporting purposes.

Employee Required Contribution. The Employee Required Contribution is the employee's share of the monthly cost for the lowest-cost, self-only minimum essential coverage providing minimum value that is offered to the employee by the ALE Member. The employee share is the portion of the monthly cost that would be paid by the employee for self-only coverage, whether paid through salary reduction or otherwise.

For purposes of determining the amount of the employee's share of the monthly cost, an ALE Member may divide the total cost to the employee for the plan year by the number of months in the plan year. This monthly amount of the employee's share of the cost would then be reported for any months of that plan year that fall within the 2023 calendar year. For example, if the plan year begins January 1, the ALE Member may determine the amount to report for each month by taking the total annual employee cost for all 12 months and dividing by 12. If the plan year begins April 1, the ALE Member may determine the amount to report for January through March 2023, by taking the total annual employee cost for the plan year ending March 31, 2023, and dividing by 12 (and reporting that amount for January, February, and March 2023). Then, the ALE Member may determine the monthly amount for April through December 2023 by taking the total annual employee cost for the plan year ending March 31, 2023, and dividing by 12 (and reporting that amount for April through December 2023).

The Employee Required Contribution may not be the amount the employee paid for coverage. For additional rules on determining the amount of the Employee Required Contribution, including for cases in which an ALE Member makes available certain HRA contributions, cafeteria plan contributions, wellness program incentives, and opt-out payments, see Regulations sections 1.5000A-3(e)(3)(ii) and 1.36B-2(c)(3)(v)(A). Also see Notice 2015-87.

Special rules apply for individual coverage HRAs. Generally, the Employee Required Contribution for the individual coverage HRA means the required HRA contribution, as defined in Regulations section 1.36B-2(c)(5)(ii). However, for purposes of the individual coverage HRA safe harbors in Proposed Regulations section 54.4980H-5(f), the required contribution is determined based on the applicable lowest cost silver plan, as defined in Proposed Regulations 54.4980H-5(f)(7)(iii), and the

monthly premium for the applicable lowest cost silver plan is determined based on the employee's age, as defined in Proposed Regulations 54.4980H(f)(7)(i), and the employee's applicable location, as defined in Proposed Regulations 54.4980H(f)(7)(ii).

For an employee offered an individual coverage HRA, the Employee Required Contribution is the excess of the monthly premium for the applicable lowest cost silver plan based on the employee's applicable age over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12).

Applicable lowest cost silver plan. Generally, the lowest cost silver plan for an employee for a calendar month is the lowest cost silver plan for self-only coverage of the employee offered through the Exchange for the ZIP code of the employee's applicable location for the month. If there are different lowest cost silver plans in different parts of a rating area, an employee's applicable lowest cost silver plan is the lowest cost silver plan in the part of the rating area in which the employee's applicable location is located. The lowest cost silver plan for an employee is the lowest cost silver plan for the lowest age band in the individual market for the employee's applicable location. For more information, see *Employer Lowest Cost Silver Plan Premium Look-up Table*.

Applicable age. For an employee who is or will be eligible for an individual coverage HRA on the first day of the plan year, the employee's applicable age for the plan year is the employee's age on the first day of the plan year. For an employee who becomes eligible during the plan year, the employee's applicable age for the remainder of the plan year is the employee's age on the date the individual coverage HRA can first become effective for that employee. Note that for non-calendar year plans or for employees who become eligible during the plan year, the applicable age may not be the age reported in Part II of Form 1095-C.

Applicable location. An employee's applicable location is where the employee resides for the calendar month, or if the ALE Member is applying the location safe harbor, the employee's primary site of employment for the calendar month.

Employer. For purposes of these instructions, an employer is the person that is the employer of an employee under the common-law standard for determining employer–employee relationships and that is subject to the employer shared responsibility provisions of section 4980H (these employers are referred to as ALE Members). For more information on which employers are ALE Members, see the definitions of Applicable Large Employer (ALE) and Applicable Large Employer Member (ALE Member).

Full-time employee. For purposes of Forms 1094-C and 1095-C, the term "full-time employee" means a full-time employee, as defined under section 4980H and the related regulations, rather than any other definition of that term that the ALE Member may use for other purposes. Accordingly, a full-time employee is an employee who, for a calendar month, is determined to be a full-time employee under either the monthly measurement method or the look-back measurement method (as applicable to that employee). The monthly measurement method and the look-back measurement method are the two methods provided under the section 4980H regulations for determining whether an employee has sufficient hours of service to be a full-time employee. Under the monthly measurement method, a full-time employee is an employee who was employed an average of at least 30 hours of service per week with the ALE Member during a calendar month. Under the look-back measurement method, an employee is a full-time employee for each month of the stability period selected by the ALE Member if the employee was employed an average of at least 30 hours of service per week with the ALE Member during the measurement period preceding that stability period. (The look-back measurement method for identifying full-time employees is available only for purposes of determining and computing liability under section 4980H, and not for purposes of determining if the employer is an Applicable Large Employer.) For purposes of both methods, 130 hours of service in a calendar month is treated as the monthly equivalent of at least 30 hours of service per week.

An ALE Member must report complete information for all 12 months of the calendar year for any of its employees who were full-time employees for one or more months of the calendar year. For more information on the identification of full-time employees, including discussion of the monthly measurement method and the look-back measurement method, and the rules for when an ALE Member may use one or both methods, see Regulations sections 54.4980H-1(a)(21) and 54.4980H-3, and Notice 2014-49, 2014-41 I.R.B. 66 (describing a proposed approach to the application of the look-back measurement method in situations in which the measurement period applicable to an employee changes).

Note. A former employee (for example, a retiree) is not a full-time employee for any month after termination of employment with the ALE Member. However, if the former employee was a full-time employee for any month of the calendar year (for example, before retiring mid-year), the ALE Member must complete information in Part II of Form 1095-C for all 12 months of the calendar year, using the appropriate codes.

An ALE Member need not file a Form 1095-C for an individual who for each month of a calendar year is either not an employee of the ALE Member or is an employee in a Limited Non-Assessment Period with respect to section 4980H(b). However, for the months in which the employee was an employee of the ALE Member, such an employee would be included in the total employee count reported on Form 1094-C, Part III, column (c). Also, if during the Limited Non-Assessment Period the employee enrolled in coverage under a self-insured, employer-sponsored plan, the ALE Member must file a Form 1095-C for the employee to report coverage information for the year.

Full-time equivalent employees. A combination of employees, each of whom individually is not treated as a full-time employee because he or she is not employed on average at least 30 hours of service per week with an employer, but who, in combination, are counted as the equivalent of a full-time employee solely for purposes of determining whether the employer is an ALE. For rules on how to determine full-time equivalent employees, see Regulations section 54.4980H-2(c).

Governmental Unit and Agency or Instrumentality of a Governmental Unit. A Governmental Unit is the government of the United States, any state or political subdivision thereof, or any Indian tribal government (as defined in section 7701(a)(40)) or subdivision of an Indian tribal government (as defined in section 7871(d)). For purposes of these instructions, references to a Governmental Unit include an Agency or Instrumentality of a Governmental Unit. Until guidance is issued that defines the term "Agency or Instrumentality of a Governmental Unit" for purposes of section 6056, an entity may determine whether it is an Agency or Instrumentality of a Governmental Unit based on a reasonable and good faith interpretation of existing rules relating to agency or instrumentality determinations for other federal tax purposes.

Health coverage. As used in these instructions, health coverage refers to minimum essential coverage, unless otherwise indicated.

Hours of service. An hour of service is each hour for which an employee is paid, or entitled to payment, for the performance of

duties for the employer, and each hour for which an employee is paid, or entitled to payment, for a period of time during which no duties are performed due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty, or leave of absence. An hour of service does not include any hour of service performed as a bona fide volunteer of a government entity or tax-exempt entity, as part of a Federal Work-Study Program (or a substantially similar program of a state or political subdivision thereof) or to the extent the compensation for services performed constitutes income from sources outside the United States. For additional rules for determining hours of service, see Regulations sections 54.4980H-1(a)(24) and 54.4980H-3(b), and Notice 2015-87, Q&A 14, at *IRS.gov/irb/2015-52_IRB/ar11.html*. See section VI of the preamble to the section 4980H regulations for a discussion of determination of hours of service for categories of employees for whom the general rules for determining hours of service may present special difficulties (including adjunct faculty and commissioned salespeople) and certain categories of work hours associated with some positions of employment, including layover hours (for example, for certain airline employees), on-call hours, and work performed by an individual who is subject to a vow of poverty as a member of a religious order.

Individual coverage HRA. An HRA is a type of account-based health plan that employers can use to reimburse employees for their medical care expenses. An individual coverage HRA is an HRA integrated with individual health insurance coverage or Medicare, subject to certain conditions. For more information about individual coverage HRAs, see T.D. 9867 and *IRS.gov/Newsroom/Health-Reimbursement-Arrangements-HRAs*.

Limited Non-Assessment Period. A Limited Non-Assessment Period generally refers to a period during which an ALE Member will not be subject to an assessable payment under section 4980H(a) and, in certain cases, section 4980H(b), for a full-time employee, regardless of whether that employee is offered health coverage during that period.

The first five periods described below are Limited Non-Assessment Periods with respect to sections 4980H(a) and 4980H(b) only if the employee is offered health coverage by the first day of the first month following the end of the period. Also, the first five periods described below are Limited Non-Assessment Periods for section 4980H(b) only if the health coverage that is offered at the end of the period provides minimum value. For more information on Limited Non-Assessment Periods and the application of section 4980H, see Regulations section 54.4980H-1(a)(26).

- First year as ALE period. January through March of the first calendar year in which an employer is an ALE, but only for an employee who was not offered health coverage by the employer at any point during the prior calendar year.
- Waiting period under the monthly measurement method. If an ALE Member is using the monthly measurement method to determine whether an employee is a full-time employee, the period beginning with the first full calendar month in which the employee is first otherwise (but for completion of the waiting period) eligible for an offer of health coverage and ending no later than 2 full calendar months after the end of that first calendar month.
- Waiting period under the look-back measurement method. If an ALE Member is using the look-back measurement method to determine whether an employee is a full-time employee and the employee is reasonably expected to be a full-time employee at his or her start date, the period beginning on the employee's start date and ending not later than the end of the employee's third full calendar month of employment.
- Initial measurement period and associated administrative period under the look-back measurement method. If an ALE Member is using the look-back measurement method to determine whether a new employee is a full-time employee, and the employee is a variable hour employee, seasonal employee, or part-time employee, the initial measurement period for that employee and the administrative period immediately following the end of that initial measurement period.
- Period following change in status that occurs during initial measurement period under the look-back measurement method. If an ALE Member is using the look-back measurement method to determine whether a new employee is a full-time employee, and, as of the employee's start date, the employee is a variable hour employee, seasonal employee, or part-time employee, but, during the initial measurement period, the employee has a change in employment status such that, if the employee had begun employment in the new position or status, the employee would have reasonably been expected to be a full-time employee, the period beginning on the date of the employee's change in employment status and ending not later than the end of the third full calendar month following the change in employment status. If the employee is a full-time employee based on the initial measurement period and the associated stability period starts sooner than the end of the third full calendar month following the change in employment status, this Limited Non-Assessment Period ends on the day before the first day of that associated stability period.
- First calendar month of employment. If the employee's first day of employment is a day other than the first day of the calendar month, then the employee's first calendar month of employment is a Limited Non-Assessment Period.

Minimum essential coverage (MEC). Although various types of health coverage may qualify as minimum essential coverage, for purposes of these instructions, minimum essential coverage refers to health coverage under an eligible employer-sponsored plan. An individual coverage HRA is a self-insured group health plan and an eligible employer sponsored plan. For more details on minimum essential coverage, see *Minimum essential coverage* in Pub. 974.

Minimum value. A plan provides minimum value if the plan pays at least 60% of the costs of benefits for a standard population and provides substantial coverage of in-patient hospitalization services and physician services. An individual coverage HRA that is affordable is treated as providing minimum value.

Offer of health coverage. An ALE Member makes an offer of coverage to an employee if it provides the employee an effective opportunity to enroll in the health coverage (or to decline that coverage) at least once for each plan year. For this purpose, the plan year must be 12 consecutive months unless a short plan year of less than 12 consecutive months is permitted for a valid business purpose. An ALE Member makes an offer of health coverage to an employee for the plan year if it continues the employee's election of coverage from a prior year but provides the employee an effective opportunity to opt out of the health coverage. If an ALE Member provides health coverage to an employee but does not provide the employee an effective opportunity to decline the coverage, the ALE Member is treated as having made an offer of health coverage to the employee only if that health coverage provides minimum value and does not have an Employee Required Contribution for the coverage for any calendar month of more than 9.5% (as adjusted) of a monthly amount determined as the mainland federal poverty line for a single individual for the applicable calendar year, divided by 12.

For purposes of reporting, an offer to a spouse includes an offer to a spouse that is subject to one or more reasonable, objective conditions, regardless of whether the reasonable, objective conditions are satisfied. For example, an offer of coverage that is available to a spouse only if the spouse certifies that the spouse does not have access to health coverage from

another employer is treated as an offer of coverage to the spouse for reporting purposes. Note that this treatment is for reporting purposes only, and will generally not affect the spouse's eligibility for the premium tax credit if the spouse did not meet the condition and therefore did not have an actual offer of coverage. A conditional offer to a spouse is reported by entering code 1J or 1K (as applicable) on line 14 of Form 1095-C. See the instructions for line 14 for more information. An offer to a dependent does not include an offer to a dependent that is subject to one or more reasonable, objective conditions unless the dependent satisfies the conditions and the dependent actually had an offer of coverage. In addition, an offer of coverage is treated as made to an employee's dependents only if the offer of coverage is made to an unlimited number of dependents regardless of the actual number of dependents, if any, an employee has during any particular calendar month.

An ALE Member offers health coverage for a month only if it offers health coverage that would provide coverage for every day of that calendar month. For reporting purposes, this means that an offer of coverage does not occur for a month if an employee's employment terminates before the last day of a calendar month and the health coverage also ends before the last day of that calendar month (or for an employee who did not enroll in coverage, the coverage would have ended if the employee had enrolled in coverage). However, see the description of Code Series 2—Section 4980H Safe Harbor Codes and Other Relief for Employers, code 2B, which may be applicable in these circumstances to indicate that the ALE Member is treated as having offered coverage for the entire month for purposes of section 4980H.

An ALE Member offers health coverage to an employee if it, or another employer in the Aggregated ALE Group, or a third party, such as a multiemployer or single employer Taft-Hartley plan, a multiple employer welfare arrangement (MEWA), or, in certain cases, a staffing firm, offers health coverage on behalf of the employer. See Regulations sections 54.4980H-4(b)(2) and 54.4980H-5(b).

TIP *Interim Guidance Regarding Multiemployer Arrangements. An ALE Member is treated as offering health coverage to an employee if the ALE Member is required by a collective bargaining agreement or related participation agreement to make contributions for that employee to a multiemployer plan that offers, to individuals who satisfy the plan's eligibility conditions, health coverage that is affordable and provides minimum value, and that also offers health coverage to those individuals' dependents. For more information, see section XV.E of the preamble to the final regulations under section 4980H. This relief is referred to as the "multiemployer arrangement interim guidance" and the "multiemployer interim rule relief" in these instructions.*

Qualifying Offer. A Qualifying Offer is an offer of MEC providing minimum value to one or more full-time employees for all calendar months during the calendar year for which the employee was a full-time employee for whom a section 4980H assessable payment could apply, with an Employee Required Contribution for each month, not exceeding 9.5 % (as adjusted) of the mainland single federal poverty line divided by 12, provided that the offer includes an offer of MEC to the employee's spouse and dependents (if any).

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on these forms to carry out the Internal Revenue laws of the United States and the Patient Protection and Affordable Care Act. Our legal right to ask for the information on this form is Internal Revenue Code sections 6055, 6056, 4980H, and their regulations. We request it to confirm that you are providing your employees offers of, and enrollment in, health coverage and to determine the employer shared responsibility payments and eligibility of your employees for premium tax credits. If you do not provide this information, we may be unable to determine whether your employees are entitled to premium tax credits. Providing false or fraudulent information may subject you to penalties. We may disclose this information to the Department of Justice for civil or criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Form 1094-C.	4 hr.
Form 1095-C.	12 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from *IRS.gov/FormComments*. Or you can write to the Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send the form to this office.