

1095-C 2016

IRS Release Status: FINAL

Sample Excel Import File: [1095-C 2016.xlsx](#) 

What's New for 2016

- **Part II Covered Individuals. Verbiage Change.** Box 15 "Employee Required Contribution (see instructions)" Box 16 "Section 4980H Safe Harbor and Other Relief (enter code if applicable)"
- **Part III Covered Individuals. Verbiage Change.** Checkbox "If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.", Column B "SSN or Other TIN", Column C "DOB (if SSN or other TIN is not available)"
- **Changes to codes.** Code 1I for Form 1095-C, line 14, and code 2I for Form 1095-C, line 16, are no longer applicable and have been reserved. **New codes** 1J and 1K have been added for Form 1095-C, line 14. For more information, see the instructions for Form 1095-C, line 14 and line 16.
- **Notice 2016-70:** This notice extends the due date for certain 2016 information-reporting requirements for insurers, self-insuring employers, and certain other providers of minimum essential coverage under section 6055 of the Internal Revenue Code (Code) and for applicable large employers under section 6056 of the Code. Specifically, this notice **extends the due date for furnishing to individuals the 2016 Form 1095-B, Health Coverage, and the 2016 Form 1095-C, Employer-Provided Health Insurance Offer and Coverage**, from January 31, 2017, to **March 2, 2017**. This notice **also extends good-faith transition relief from section 6721 and 6722 penalties** to the 2016 information-reporting requirements under sections 6055 and 6056.

Import Form Fields:

| Field Name | Size | Type | Description | Notes | Part |
|--|------|------------------|--|--|---------------|
| See Form Filer Common Fields | | | Filer fields common to all form types. | | |
| See Recipient Common Fields | | | Recipient fields common to all form types. | | |
| Box 1 - 6 Employee | | Character | Employee | Filer Info | Part I |
| Box 7-13 ALE MEMBER (Employer) | | Character | Applicable Large Employer Member | Recipient Info | Part I |
| Box 1 Name | 40 | Text | Box 1: Name of employee | | Part I |
| Box 2 TIN | 11 | TIN | Box 2: Social security number (ssn) | | Part I |
| Box 3 Address Deliv/Street | 40 | Character | Box 3: employee address | Recipient address line 1 | Part I |
| Box 4 City | 40 | Character | Box 4: employee city | Recipient city | Part I |
| Box 5 State | 2 | Character | Box 5: employee State or province | Recipient US state or Canadian province (Use state abbreviation) | Part I |
| Box 6 Zip | 10 | Character | Box 6: employee zip | Recipient US zip or Canadian postal code | Part I |
| Box 7 Name | 40 | Character | Box 7: Name of employer | Filer Name or company name | Part I |
| Box 8 TIN | 11 | Character | Box 8: Employer identification number (EIN) | Filer TIN (EIN or SSN) | Part I |
| Box 9 Address Deliv/Street | 40 | Character | Box 9: Employer street address (including room or suite) | Filer address line 1 | Part I |
| Box 10 Contact | 20 | Character | Box 10: Contact telephone number | Filer contact phone number | Part I |
| Box 11 City | 40 | Character | Box 13: Employer city | Filer city | Part I |
| Box 12 State | 2 | Character | Box 14: Employer State | Filer US state or Canadian province (Use state abbreviation) | Part I |

| | | | | | |
|--|----|------------------|---|--|-----------------|
| Box 13 Zip | 10 | Character | Box 13: Employer Zip | Filer US zip or Canadian postal code | Part I |
| Box 14 Offer coverage | 2 | Code | Box 14: Offer of Coverage (enter required code) | 1A / 1B / 1C / 1D / 1E / 1F / 1G / 1H / 1J / 1K (All12Months or Jan - Dec) | Part II |
| Box 15 Month Premium | 12 | Amount | Box 15: Employee Share of lowest cost monthly premium.... | All12Months or Jan - Dec | Part II |
| Box 16 Safe harbor | 2 | Code | Box 16: Applicable Section 408H Safe Harbor.... | 2A / 2B / 2C / 2D / 2E / 2F / 2G / 2H / (All12Months or Jan - Dec) | Part II |
| Box 17- 34 Covered Individuals | | Character | Covered Individuals | Employee Dependents | Part III |
| Last Name/Company | 40 | Character | Covered Individual last name | | Part III |
| Middle Initial | 12 | Character | Covered Individual Middle initial | | Part III |
| First Name | 40 | Character | Covered Individual first name | | Part III |
| Suffix | 2 | Character | Covered Individual suffix | Jr , Sr | Part III |
| Name Line 2 | 40 | Character | Covered Individual name line 2 | Additional name line | Part III |
| Social Security Number | 11 | TIN | Covered Individual SSN | | Part III |
| Date of Birth | 10 | Date | Covered Individual DOB (if SSN is not available) | MM/DD/YYYY or M/D/YYYY | Part III |
| Covered All 12 Months | 1 | Checkbox | Covered Individual covered all 12 months | X / Y / T / 1 = Checked | Part III |
| January Coverage | 1 | Checkbox | January Coverage | X / Y / T / 1 = Checked | Part III |
| February Coverage | 1 | Checkbox | February Coverage | X / Y / T / 1 = Checked | Part III |
| March Coverage | 1 | Checkbox | March Coverage | X / Y / T / 1 = Checked | Part III |
| April Coverage | 1 | Checkbox | April Coverage | X / Y / T / 1 = Checked | Part III |
| May Coverage | 1 | Checkbox | May Coverage | X / Y / T / 1 = Checked | Part III |
| June Coverage | 1 | Checkbox | June Coverage | X / Y / T / 1 = Checked | Part III |
| July Coverage | 1 | Checkbox | July Coverage | X / Y / T / 1 = Checked | Part III |
| August Coverage | 1 | Checkbox | August Coverage | X / Y / T / 1 = Checked | Part III |
| September Coverage | 1 | Checkbox | September Coverage | X / Y / T / 1 = Checked | Part III |
| October Coverage | 1 | Checkbox | October Coverage | X / Y / T / 1 = Checked | Part III |
| November Coverage | 1 | Checkbox | November Coverage | X / Y / T / 1 = Checked | Part III |
| December Coverage | 1 | Checkbox | December Coverage | X / Y / T / 1 = Checked | Part III |
| See Form Common Fields | | | Form fields common to all form types. | | |

1095-C Form:

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID

CORRECTED

OMB No. 1545-2251

2016

| Part I Employee | | | | | | Applicable Large Employer Member (Employer) | | | | | |
|--|--|--------------------------------|--|--|--|--|--|----------------------|-----------------------------|---|--|
| 1 Name of employee | | 2 Social security number (SSN) | | 7 Name of employer | | 8 Employer identification number (EIN) | | | | | |
| 3 Street address (including apartment no.) | | | | | | 9 Street address (including room or suite no.) | | | 10 Contact telephone number | | |
| 4 City or town | | 5 State or province | | 6 Country and ZIP or foreign postal code | | 11 City or town | | 12 State or province | | 13 Country and ZIP or foreign postal code | |

| Part II Employee Offer of Coverage | Plan Start Month (Enter 2-digit number): | | | | | | | | | | | | |
|---|--|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) | | | | | | | | | | | | | |
| 15 Employee Required Contribution (see instructions) | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | | | | | | | | | | | | |

| Part III Covered Individuals | | | | | | | | | | | | | | | |
|--|----------------------|--|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----|-----|
| If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/> | | | | | | | | | | | | | | | |
| (a) Name of covered individual(s) | (b) SSN or other TIN | (c) DOB (if SSN or other TIN is not available) | (d) Covered all 12 months | (e) Months of Coverage | | | | | | | | | | | |
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 17 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form **1095-C** (2016)

IRS 1095-B Form: [1095-C Form](#)

IRS 1095-B Instructions: [1095-C Instructions](#)