

1095-B 2016

IRS Release Status: FINAL

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

What's New for 2016

- **Filing requirements.** Health insurance issuers and carriers are encouraged (but not required) to report coverage in catastrophic health plans enrolled in through the Marketplace for months in 2016.
- **Form revisions.** The language "Do not attach to your tax return. Keep for your records." was inserted on the Form 1095-B under the title of the form. Form 1095-B, Part I, lines 2 and 3, and Part IV, columns (b) and (c) were updated to reflect the rule that a taxpayer identification number (TIN) may be entered. Form 1095-B, line 9 is now reserved. The heading to Part II was revised to read "Information about Certain Employer-Sponsored Coverage" to clarify that Part II will be blank for some individuals with employer-sponsored coverage. Other minor clarifying changes were made to Form 1095-B.
- **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
See Form Filer Common Fields				
See Recipient Common Fields				
Rcp Email	65	Text		
Rcp IMB	65	Text		
Tax State	2	Text		
Emp TIN	11	Numeric	Part II: Employer EIN	
Emp TIN Type	1	Numeric	Part II: Employer TIN Type	EIN=1, SSN=2, Unknown type=0 or blank
Emp Address Type	1	Text	Part II: Employer Address Type	
Emp Country Code	2	Text	Part II: Country Code	
Emp Country Key	1	Numeric	Part II: Country Key	
Emp Name 1	40	Text	Part II: Employer Name 1	
Emp Name 2	40	Text	Part II: Employer Name 2	
Emp Address 1	40	Text	Part II: Employer Street Address	
Emp Address 2	40	Text	Part II: Employer Suite/Apt	
Emp City	40	Text	Part II: City	
Emp State	23	Text	Part II: Employer State/Province	
Emp Zip	15	Text	Part II: Employer Zip/Postal Code	
Rcp Date of Birth	8	Date	Recipient date of birth	MM/DD/YYYY or M/D/YYYY
Policy Origin Code	2	Text	Letter identifying the origin of the policy	
Ind All Coverage Chk	1	Checkbox	Individual: Covered all 12 months checkbox	X / Y / T / 1 = Checked
Ind Apr Coverage Chk	1	Checkbox	Individual: Covered for April checkbox	X / Y / T / 1 = Checked
Ind Aug Coverage Chk	1	Checkbox	Individual: Covered for August checkbox	X / Y / T / 1 = Checked

Ind Dec Coverage Chk	1	Checkbox	Individual: Covered for December checkbox	X / Y / T / 1 = Checked
Ind Feb Coverage Chk	1	Checkbox	Individual: Covered for February checkbox	X / Y / T / 1 = Checked
Ind Jan Coverage Chk	1	Checkbox	Individual: Covered for January checkbox	X / Y / T / 1 = Checked
Ind Jul Coverage Chk	1	Checkbox	Individual: Covered for July checkbox	X / Y / T / 1 = Checked
Ind Jun Coverage Chk	1	Checkbox	Individual: Covered for June checkbox	X / Y / T / 1 = Checked
Ind Mar Coverage Chk	1	Checkbox	Individual: Covered for March checkbox	X / Y / T / 1 = Checked
Ind May Coverage Chk	1	Checkbox	Individual: Covered for May checkbox	X / Y / T / 1 = Checked
Ind Nov Coverage Chk	1	Checkbox	Individual: Covered for November checkbox	X / Y / T / 1 = Checked
Ind Oct Coverage Chk	1	Checkbox	Individual: Covered for October checkbox	X / Y / T / 1 = Checked
Ind Sep Coverage Chk	1	Checkbox	Individual: Covered for September checkbox	X / Y / T / 1 = Checked

1095-B Form:

560116

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

▶ Do not attach to your tax return. Keep for your records.

▶ Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

VOID

CORRECTED

OMB No. 1545-2252

2016

Part I Responsible Individual

1 Name of responsible individual		2 Social security number (SSN or other TIN)	3 Date of birth (if SSN or other TIN is not available)	
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code	
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ <input type="checkbox"/>		9 Reserved		

Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name		11 Employer identification number (EIN)		
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code	

Part III Issuer or Other Coverage Provider (see instructions)

16 Name		17 Employer identification number (EIN)	18 Contact telephone number	
19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code	

Part IV Covered Individuals (Enter the information for each covered individual.)

(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Cat. No. 60704B

Form **1095-B** (2016)

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

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