

1095-C 2019

IRS Release Status: FINAL

Sample Excel Import File: [1095-C 2019.xlsx](#) 

What's New?

What's New for 2019

- Updated 2019 Verbiage on Instructions
- No new form changes

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.		
Record Type	1	Text	Record Type is a required field and it indicates if a record is the Responsible Individual/Employee.	Use E for Employee/Responsible Individual & C for Covered Individual	
Box 1 - 6 Employee		Character	Employee	Filer Info	Part I
Rcp Account	25	Character	Recipient Account Number		
Last Name/Company	40	Character	Employee last name/Company Name		
First Name	40	Character	Employee First name		
Rcp TIN	11	TIN	Recipient Tax ID Number		
Address Deliv/Street	40	Character	Employee Delivery address		
Address Apt/Suite	40	Character	Employee Apartment Suite		
City	40	Character	Employee City		
State	23	Character	Employee State		
Zip	15	Character	Employee Zip		
Box 14-16 Employer Offer and Coverage		Character	Employer Offer and Coverage	Recipient Info	Part II
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:

Employer-Provided Health Insurance Offer and Coverage
▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2251
2019

Part I Employee						Applicable Large Employer Member (Employer)					
1 Name of employee (first name, middle initial, last name)			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.

	(a) Name of covered individual(s) First name, middle initial, last name	(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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

IRS 1095-C Form: [2019 1095-C Form](#)

IRS 1095-C Instructions: [2019 1095-C Instructions](#)