



Guide to Understanding the Form 1094-C

Form **1094-C** **Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns** CORRECTED OMB No. 1545-2291
2021

Department of the Treasury
Internal Revenue Service
Go to www.irs.gov/form1094c for instructions and the latest information.

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer)		2 Employer identification number (EIN)	
3 Street address (including room or suite no.)		6 Country and ZIP or foreign postal code	
4 City or town	5 State or province	8 Contact telephone number	
7 Name of person to contact		10 Employee identification number (EIN)	
9 Name of Designated Government Entity (only if applicable)		13 State or province	
11 Street address (including room or suite no.)		14 Country and ZIP or foreign postal code	
12 City or town	15 Contact telephone number		
16 Name of person to contact			

For Official Use Only
[] [] [] [] [] [] [] [] [] []

17 Reserved

18 Total number of Forms 1095-C submitted with this transmittal

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions Yes No

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member

21 Is ALE Member a member of an Aggregated ALE Group? If "No," do not complete Part IV. Yes No

22 Certifications of Eligibility (select all that apply):
 A. Qualifying Offer Method B. Reserved C. Reserved D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 6137 1A Form **1094-C** (2021)

UNDERSTANDING FORM 1094-C

1094-C Who must file

All Applicable Large Employers (ALE) and members of ALE Aggregate Groups must file a 1094-C and Form 1095-C for eligible employees. The presumption is being made that most readers of this information know the definition of an [ALE](#) and an [ALE Aggregate Group](#).

Every employer and ALE member must file an authoritative transmittal. Here's the exact IRS language, "An employer may choose to file multiple Forms 1094-C, accompanied by Forms 1095-C for some of its employees, provided that a Form 1095-C is filed for each employee for whom the employer is required to file. In the case of an Aggregated ALE Group, each separate employer (referred to in these instructions as an ALE Member or employer) must file its own Authoritative Transmittal. Although an employer may file multiple Forms 1094-C, one 'Authoritative Transmittal' Form 1094-C, identified on line 19, part I...must be filed for each employer, even if multiple Forms 1094-C are filed by and on behalf of single employer.

There are no exceptions to who must file if you have over 50 FTEs – even if you offer benefits through a third party. For example, you're covered under a collective bargaining agreement and benefits are administered by the union, you still have to file. What will change is WHAT you claim on your forms.

Taking the 1094-C Line by Line

Part I:

Lines 1-6: Make sure your address lines up with the employer address used on the Forms 1095-C for employees.

Part I Applicable Large Employer Member (ALE Member)		
1 Name of ALE Member (Employer)		2 Employer identification number (EIN)
3 Street address (including room or suite no.)		
4 City or town	5 State or province	6 Country and ZIP or foreign postal code

Line 7 – 8: This is the name and number of the person to contact with any questions. Even if you work with a partner to handle your filings, this contact should be someone within your organization who can speak authoritatively to any questions the forms may raise (think transition relief claims or minimum essential coverage questions). There's another line you can use for your partner (i.e. a company like XYZ filing on your behalf) to answer questions about the forms themselves.

7 Name of person to contact	8 Contact telephone number
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Lines 9-14: Most companies will leave these blank, unless you have a designated government entity filing on behalf of the employer. Full DGE definition is covered in question 24 of the [IRS FAQs on the ACA](#).

9 Name of Designated Government Entity (only if applicable)		10 Employer identification number (EIN)
11 Street address (including room or suite no.)		
12 City or town	13 State or province	14 Country and ZIP or foreign postal code

Lines 15 -16: This line is where you'll indicate who the right person is to contact for any questions relating to your Form 1094-C. This might be your third-party partner who filed your forms on your behalf.

15 Name of person to contact	16 Contact telephone number
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Line 17: Congrats, you get to skip this one. It's reserved for future use.

17 Reserved	<input type="checkbox"/>
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Line 18: Total number of Forms 1095-C (those going to employees) associated with this form. Remember, the address on this form must be the same as the Forms 1095-C associated with this form.

18 Total number of Forms 1095-C submitted with this transmittal	
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Line 19: Confirm whether this is the authoritative transmittal. If yes, you'll need to complete parts II, III and IV, to the extent applicable. If you check no, sign the form at the bottom of page 1 and leave the rest blank. The instructions also reiterate here how authoritative forms should be treated, "There must be only one Authoritative Transmittal filed for each employer. If this is the only Form 1094-C being filed for the employer, this Form 1094-C must report aggregated employer-level data for the employer and be identified on line 19 as the authoritative transmittal. If multiple Forms 1094-C are being filed for an employer so that Forms 1095-C for all full time employees of the employer are not attached to a single Form 1094-C transmittal (because Forms 1095-C for some full-time employees of the employer are being transmitted separately), one of the Forms 1094-C must report aggregate employer level data for the employer and be identified on line 19 as the authoritative transmittal."

Part 1 Complete, Bring on Part II: Keep in mind Part II only gets completed on the authoritative form.

Part II

Lines 20-21:

Line 20 is that aggregated data mentioned above. It is possible that this form has 40 Forms 1095-C associated with it as entered on line 18, but as the Authoritative transmittal, you're going to represent all the Forms 1095-C associated with your EIN on any other 1094-C, so this number in line 20 might be completely different from what you entered earlier. The number you enter on line 20 needs to include the number you entered on line 18.

In **line 21**, you're going to clarify if during ANY MONTH of the calendar year the employer was a member of an Aggregated ALE Group. If you check yes, you must complete the "aggregated group indicator" in Part III and fill out part IV. The good news is that if you were not a member of an Aggregated Group for ALL 12 months of the year, you're in the home stretch.

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member	
21 Is ALE Member a member of an Aggregated ALE Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "No," do not complete Part IV.

Line 22: It seems the IRS wanted to make things a little easier on employers who were already giving qualified coverage to full-time employees or were using an Affordability Safe Harbor. In question [15 of its FAQ](#), the IRS describes the alternative or simplified reporting methods you may claim here.

22 Certifications of Eligibility (select all that apply):

A. Qualifying Offer Method B. Reserved C. Reserved D. 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Title _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form 1094-C (2018)


If you are claiming a Certificate of Eligibility, it will impact the coverage codes and calculations on Lines 14, 15 and 16 of the Forms 1095-C you file for employees. This is not a mandatory section. Also keep in mind, the Certificates of Eligibility are "and / or," meaning it may be appropriate to claim more than one.

Line 22, Box B – Reserved Box B on Line 22 of Form 1094-C is no longer applicable after 2015. Line 22, Box C – Reserved Box C on Line 22 of Form 1094-C is no longer applicable after 2016.


Part III

Lines 23 – 35:

In column (a), Minimum Essential Coverage Offer Indicator, you don't need to count any employees during their limited non-assessment period in making the following calculations / selections:

- If the employer offered minimum essential coverage to at least 95% of its full-time employees and their dependents for the entire calendar year, enter "X" in the "Yes" checkbox on line 23 for "All 12 Months" or for each of the 12 calendar months.
-  *Caution should be taken if Line 23, part (a) does not indicate "YES". Additional review & discussion with the employer would be required.*
- If the employer offered minimum essential coverage to at least 95% of its full-time employees and their dependents only for certain calendar months, enter "X" in the "Yes" checkbox for each applicable month.
- For the months, if any, for which the employer did not offer minimum essential coverage to at least 95% of its full-time employees and their dependents, enter "X" in the "No" checkbox for each applicable month.
- If the employer did not offer minimum essential coverage to at least 95% of its full-time employees and their dependents for any of the 12 months, enter "X" in the "No" checkbox for "All 12 Months" for each of the 12 calendar months.

Column (b) & (c). In (b), enter the number of full-time employees, but don't include anyone in a limited non-assessment period. In (c), enter the total number of all employees (this time count those in limited non-assessment period, part-time, seasonal, etc.).

 You also don't need to fill in (b) if you selected box D (98% Offer Method) on line 22.

Column (d): If you checked yes in line 21, choose the months of the year your company was a member of that ALE group.

Column (e): Reserved no longer applicable after 2016.

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Part IV

If you're a member of an aggregated ALE group, enter the information about your sibling organizations here. You can include up to 30. If there are more than 30, use those with the highest average monthly EE count. Make sure you've also filled out column (d) in part III for the applicable months.

Part IV Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

Name	EIN	Name	EIN
36		51	
37		52	
38		53	
39		54	
40		55	
41		56	
42		57	
43		58	
44		59	
45		60	
46		61	
47		62	
48		63	
49		64	
50		65	