

2019 ACA Reporting Refresher

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Today's Agenda

- Reporting Overview & Affected Employers
- Deadlines for Furnishing & Filing Forms
- Reporting Related Penalties
- 1094-C/1095-C: Form Review & Recommendations
- Updates & Relief for 2019



6055 & 6056 Reporting Overview

	Section 6055 – INSURER REPORTING	Section 6056 – EMPLOYER REPORTING
Applies to:	Providers of minimum essential coverage (MEC): Self-insured plan sponsors; insurers/carriers	Applicable Large Employers (ALEs)
Requires reporting parties to:	<ul style="list-style-type: none">• File information with the IRS• Provide statements to covered individuals	<ul style="list-style-type: none">• File information with the IRS• Provide statements to full-time employees
Purpose is to assist:	<ul style="list-style-type: none">• IRS administer the individual mandate• Individuals show compliance with the individual mandate	<ul style="list-style-type: none">• IRS administer the employer shared responsibility rules and determine eligibility for subsidies

Self-funded ALEs must report under both sections, but will use a combined reporting method to report on a single form.

FTE & ALE Determination

- Each Month:
 - Identify full-time employees
 - Aggregate hours of service by anyone not full-time
 - Divide aggregate hours of service by 120 to determine equivalent employees
 - Add the number of full-time employees to the number of equivalent employees to determine the average number of full-time equivalent employees (FTEs) you employed that month
- Determine Annual FTE average by adding up all monthly calculations and dividing by 12 → If annual average is 50+ FTEs, you are an ALE.

FTE Calculation Example

For each month of 2018 ABC firm had 35 full-time employees (working over 120 hours per month) and 20 part-time employees who each worked 96 hours per month. These part-time employees' hours would be treated as equivalent to 16 full-time employees:

$$20 \text{ employees} \times 96 \text{ hours} / 120 = 1920 / 120 = 16 \text{ FTEs}$$

Here, ABC firm would be considered an “applicable large employer” for 2019 based on a total FTE count of 51 (35 full-time employees + 16 FTEs based on the number of part-time hours worked).

**Annual FT + FTE average from prior calendar year determines ALE status & ACA requirements for the immediately following calendar year.*

**Include fractions in monthly totals, but disregard fractions from annual average.*

Reporting Forms

ALEs with self-insured plans

- Form 1095-C: Part I, Part II & Part III
- Form 1094-C

ALEs with fully insured plans

- Form 1095-C: Part I & Part II only
- Form 1094-C

Non-ALEs with self-insured plans

- Form 1094-B
- Form 1095-B

- Small employers who sponsor fully insured plans have no direct reporting obligations under either Section 6055 or Section 6056.
- For ALEs who sponsor a fully insured plan, their enrolled employees will receive: **1)** a 1095-**C** form from the employer and **2)** a 1095-**B** form from the insurance carrier.

Reporting Deadlines

IRS Returns

- **Annual Deadline:** Feb. 28
(March 31, if filed electronically)

Individual Statements

- **Annual Deadline:** Jan. 31 (*Extended to March 2 for 2019 statements*)
- May be furnished electronically if consent requirements are met

→ Employers filing over 250 forms are required to file with the IRS electronically.

2019 Reporting Penalties

ACA reporting under both sections 6055 & 6056 are subject to the Internal Revenue Code's reporting penalty provisions:

- §6721: Failure to file correct **information returns**
- §6722: Failure to furnish correct **individual statement**

Penalty Type	Per Violation	Annual Maximum
After August 1 st or not at all	\$270	\$3.339 million (\$1,113,000 for small businesses)
More than 30 days after the due date, but by August 1	\$110	\$1,669,500 per year (\$556,500 for small businesses)
Within 30 days of the due date	\$50	\$556,500 per year (\$194,500 for small businesses)

Penalty amounts double & there is no annual maximum if non-compliance is ruled to be intentional.

Form 1094-C

Transmittal/Employer Cover Sheet:

- Provides a summary to the IRS of aggregate employer level data
- Discloses any Certifications of Eligibility the employer is claiming
- Filed with IRS *only*

Required Information:

- Company Information (address, EIN, contact info.)
- Information about whether an offer of coverage was made to **95%** of full-time employee & their dependent children
- Total # of Form 1095-Cs issued to employees
- Full-time employee count & total employee count by month
- Controlled Group Information

Form **1094-C**Department of the Treasury
Internal Revenue Service**Transmittal of Employer-Provided Health Insurance Offer and
Coverage Information Returns**► Go to www.irs.gov/Form1094C for instructions and the latest information.☐ CORRECTED

OMB No. 1545-2251

2019**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
7 Name of person to contact		8 Contact telephone number
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
15 Name of person to contact		16 Contact telephone number

For Official Use Only17 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 ☐**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? ☐ Yes ☐ No

If "No," do not complete Part IV.

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
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Part III ALE Member Information – Monthly

		(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 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	

Form 1095-C

Individual Information Sheet:

- One copy sent to full-time employee/covered individual
- One copy filed with IRS
- Full reporting for every individual who was covered or a full-time employee for any month of the calendar year

Required Information:

- Identifying employee information, including name & address
- Information about the health coverage offered to the employee by month
- Employee contribution for lowest-cost self-only minimum value coverage
- Months the employee was enrolled in offered coverage
- Months the employer met an affordability safe harbor with respect to an employee & whether other relief applies
- For self-insured plans: Information about all covered individuals (e.g. dependents, non-employee enrollees) by month in Part III

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

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"/>

Form 1095-C: Line 14

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
☐ CORRECTION

Part I Employee

1 Name of employee
2 Social security number (SSN)
3 Street address (including apartment no.)
4 City or town
5 State or province
6 Country and ZIP or foreign postal code

Applicable Large Employer Member

7 Name of employer
8 Employer identification number (EIN)
9 Street address (including room or suite no.)
10 City or town
11 State or province
12 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

Page, including the employee. ☐

Months of Coverage

	June	July	Aug	Sept	Oct	Nov	Dec
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Benefit
Setup
Data**

Line 14 identifies if there was an offer of coverage, whether it provides minimum essential coverage + minimum value, and who it was offered to.

Line 14 “Code Series 1”; for Each Month

Part II Employee Offer and Coverage													
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													

- **1A** - Qualifying Offer
- **1B** - MEC with MV offered to employee only
- **1C** - MEC with MV offered to employee and MEC offered to dependent(s)
- **1D** - MEC with MV offered to employee and MEC offered to spouse
- **1E** - MEC with MV offered to employee and MEC offered to dependent(s) and spouse*
- **1F** - MEC without MV offered (skinny plan) to employee, spouse and dependents
- **1G** - Offer of coverage to non full-time employee
- **1H** - No offer of coverage
- **1I** - Reserved
- **1J** - Conditional Offer to spouse, no dependent coverage
- **1K** - Conditional Offer to spouse, plus dependent coverage

Form 1095-C: Line 15

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

Part I Employee

1 Name of employee
2 Social security number (SSN)
7 Name of employer
8 Employer identification number (EIN)
9 Street address (including room or suite no.)
10 Contact telephone number
3 Street address (including apartment no.)
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)	(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
				<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"/>		

Benefit Setup Data

Line 15 identifies the Cost of Coverage for this particular employee; ONLY complete if the corresponding line 14 code is 1B, 1C, 1D or 1E

Line 15: The Cost of Coverage

15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
--	----	----	----	----	----	----	----	----	----	----	----	----	----

- Indicator codes 1B, 1C, 1D, and 1E indicate the employee was offered a plan that provided MEC & minimum value—we are only worried about the costs of these plans
- Cost entered is the employee's required monthly premium contribution for single coverage in the lowest cost plan available to them (*regardless of what individual actually elects/does not elect*)

Form 1095-C: Line 16

1095-C
Form
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
☐ COPY

Part I Employee

1 Name of employee
2 Social security number (SSN)
3 Street address (including apartment no.)
4 City or town
5 State or province
6 Country and ZIP or foreign postal code

Applicable Large Employer Information

7 Name of employer
8 Employer's EIN
9 Street address (including room or suite no.)
10 Employer's phone number
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)	(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	
			<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"/>

**Benefit
& HR
Data**

Line 16 identifies employer safe harbors for coverage and affordability

Line 16 “Code Series 2”; Employer Safe Harbors

16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													
--	--	--	--	--	--	--	--	--	--	--	--	--	--

- **2A** - Employee not employed any day during the month
- **2B** - Employee not a full-time employee (or coverage/offer of coverage ended before EOM based on termination rules)
- **2C** - Employee enrolled in coverage offered for **each day** of the month
- **2D** - Employee in Limited Non-Assessment Period
- **2E** - Multiemployer interim rule relief (*Union employees*)
- **2F** - Form W-2 Safe Harbor applies
- **2G** - FPL Safe Harbor applies (>\$99.75)
- **2H** - Rate of Pay Safe Harbor applies
- **2I** - Reserved



Code 2D: Limited Non-Assessment Period

- An employee in a Limited Non-Assessment Period (LNAP) is not considered a full-time employee
- Not subject to penalties during the period; Employee must be offered affordable MV coverage by first day after end of period
 - LNAP= Waiting Period for New FT employees: 90 days max
 - LNAP= “Look Back Safe Harbor” - Initial MP + Admin period for new variable hour/seasonal/PT employees
- Employers need not file a Form 1095-C for an individual who for each month of the calendar year is either not an employee of the employer or is in an LNAP

Reporting COBRA Coverage

- **Terminated Employees:** An offer of COBRA continuation coverage that is made to a former employee upon termination of employment should **not** be reported as an offer of coverage on line 14. For a terminated employee, code 1H (No offer of coverage) should be entered for any month for which the offer of COBRA continuation coverage applies.
- **Active Employees:** An offer of COBRA continuation coverage that is made to an active employee (e.g. an offer of COBRA that is made due to a reduction in the employee's hours that resulted in the employee no longer being eligible for coverage under a plan) is reported in the same manner and using the same code as an offer of that type of coverage to any other active employee.

1095-C Example 1

ABC Company has a fully insured group health plan. The monthly employee premium contribution for single only coverage in their lowest cost MV plan is \$150 per month. ABC Company's waiting period for medical coverage is 1st of the month following 30 days of employment.

Polly is hired by ABC Company in March of 2019 and she elects employee + spouse coverage effective 5/1/2019, carrying a monthly employee premium contribution of \$300. On November 15, 2019, Polly is terminated and her coverage ends on the date of her termination in accordance with ABC Company's plan rules.

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)		1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2D	2C	2C	2C	2C	2C	2C	2B	2A

1095-C Example 2

Bob was a long term part-time employee of ABC Company. Bob was promoted to a full-time benefit eligible position on March 10th with coverage available the first of the month following 30 days, however Bob initially chose to waive coverage. Bob's hourly rate was \$16/hour.

Bob got divorced on August 15th, which is considered a qualifying event, and chose to enroll himself in ABC company's plan effective September 1st.

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)		1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2B	2D	2D	2H	2H	2H	2H	2C	2C	2C	2C

Reporting Relief for 2019

- Deadline to Distribute Forms to Employees and Covered Individuals Extended to March 2nd (*Deadline to File with the IRS remains unchanged*)
 - Good Faith Compliance Standard Renewed
 - **Section 6055 Transition Relief:** No penalties will be assessed for failing to furnish forms to covered individuals under Section 6055 if two requirements are met:
 1. The coverage provider must prominently post a notice on its website stating that an individual's 1095 Form is available and can be requested at any time. This notice must include an email address and physical address where the request can be sent and a phone number where individuals can get additional information; and
 2. The coverage provider must provide any requested form within 30 days of the request.
- * This relief only applies to the requirement to furnish forms to covered individuals and does not affect the requirement to file with the IRS.

Best Practices

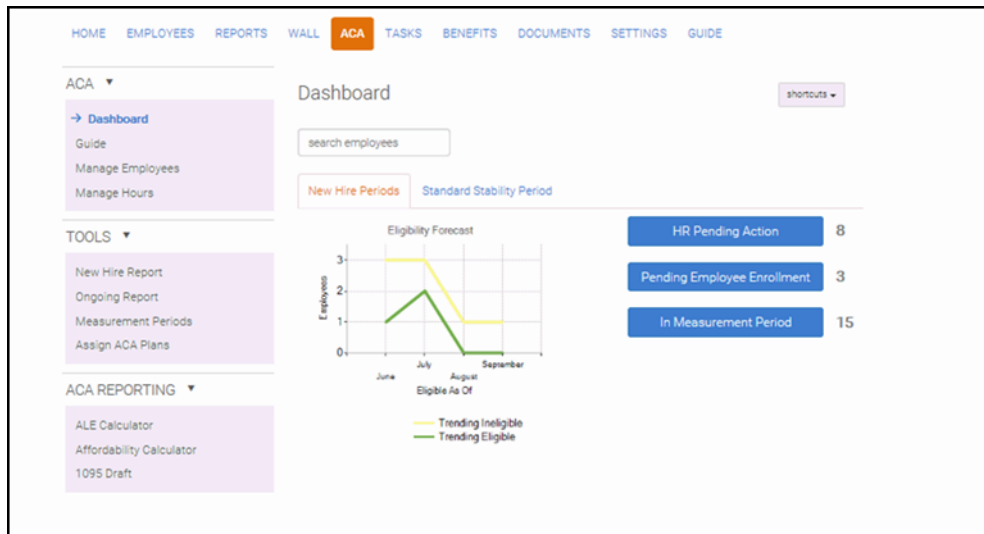
- Start data collection in advance, anticipating data complexities
- Communicate with employees before distribution
- Prepare for issues with the IRS
- Review & audit information before filing

Common Data Challenges

- Benefit transactions and effective dates
- Leaves of absence
- COBRA
- Payroll data w/ multiple FEINs
- Dependents
- Union employees

Next Steps + Marshall & Sterling's ACA Dashboard

- I. Review filing forms and instructions issued by the IRS to identify data elements required for the reporting and specific rules/relief which may apply
- II. Verify that recordkeeping systems will be able to capture the necessary data elements; Reporting may require the use of several recordkeeping systems, such as payroll and HRIS, and may require data aggregation across systems
- III. Determine which procedures you will use for filing returns with the IRS and furnishing statements to employees (e.g. prepare & deliver internally or use a vendor)



Housed within Marshall & Sterling's iNavigator HR Portal there is an integrated ACA tracking & reporting tool.

The iNavigator ACA Dashboard generates, prints and mails 1095-C forms for all your full-time employees and will electronically file 1094-C/1095-Cs with the IRS.

Questions?

