



Specialized Data Systems

2023 Tax Year Affordable Care Act Reporting

Revised 11/27/2023

Table of Contents

SDS ACA 2023 Reporting Instructions	3
Preliminary Steps and Information Gathering.....	3
Setup Steps	5
Step 1 – Update Web Financial Office.....	5
Step 2 – Update the Deduction Master.....	5
Step 3 – Run the ACA Data Utility Program.....	7
ACA Utility Features	10
Using the ACA Utility for Mid-Year Rate Changes.....	10
Inactivate Part-Time Employees from receiving 1095 Forms.....	10
Add Employee to 1095 Dependents.....	11
Entering Data for ACA Reporting	12
1st Area – District Information.....	12
2nd Area – Employee Master.....	13
3rd Area – Dependent Information/Covered Individuals.....	21
Verification Reports & 1095-B/1095-C Forms	29
Data Verification Reports.....	29
Time/Hrs Customizable Payroll Report.....	31
Methods of Delivery to Employees	32
Tips for 1095-b and 1095-c Forms.....	35
Printing 1095 Forms.....	37
Delivery of 1095 Forms via Message Center and Email.....	39
First Time E-Filing or Using a new TCC?	40
Electronic Filing: File Uploaded to IRS	41
Third Party Interface (Set Seg)	44
Appendix	45
1095-B Form Example.....	45
1095-B SDS Data Field Reference.....	46
1095-C Form Example.....	47
1095-C SDS Data Field Reference Table.....	48
Employee Handout – Entry of Dependents into Employee Portal	49
What’s New in 2023 Regarding ACA Reporting	50
Deadlines for Tax Year 2023 Forms	50
Transmitter Control Code(TCC)- AIR System	50
SDS University- Year-End Courses Available	51



SDS ACA 2023 Reporting Instructions

PRELIMINARY STEPS AND INFORMATION GATHERING

Welcome to SDS setup for Affordable Care Act (ACA) reporting. We will begin with some Preliminary Steps which will prepare you for success in processing the ACA Forms for 2023.

Gather Information and Prepare for Success

Before starting any work on 1095-B or 1095-C Forms, take time to prepare the needed information:

1. Determine which IRS form your district is responsible for reporting.
2. Determine your group of support personnel who can help answer questions during this process. (IRS, Auditors, Accountants, Insurance company rep)

Locate the Table Guide in the Appendix for 1095-B and 1095-C Forms

In the appendix of this documentation, there is a table, for each 1095 form. This table lists each field of each 1095 form and lists the location, within SDS, where that data will be pulled.

Ensure Access to Menu Options

Review the Menu options listed below, which are needed for ACA Processing. Work with your tech/system administrator to make sure you have **access to these SDS menu options**.

- Master File and Code Entry Options
 - Master File **Horizontal** Data Changes | **Entry Option** Deductions/Benefits master
 - Master File **Vertical** Data Entry and Changes
- **Human Resources**
 - Human Resource Control Center (HRCC)
 - Add, Change Employee Information
 - Employee Horizontal Data Changes
- **Employee Portal** (*Optional-rights to this option will only be needed if you choose to have your employees enter their dependents' information - details are discussed later in this documentation.)
- **Payroll Processing** | Customizable Reports
- **Payroll Processing** | State/Federal Reporting | Affordable Care Act Reporting
- **Administrative Utilities** | SDS Web Office Settings (*Optional – only needed if you wish to Password Protect PDF export files. Your administrator can turn this setting on for you if needed)
- **General Accounting Reports** | Payroll and Human Resources



Set Full Time Y/N and Hire/Termination Dates

SDS has designed special data views to consolidate the fields needed for ACA reporting. The fields “Full Time YN”, “Hire Date”, and “Termination Date” need to be reviewed for use when running the ACA Data Utility.

1. Select **Human Resources**
2. Select **Employee Horizontal Data Changes**
3. Select the dropdown next to Entry Views and scroll up to select “**ACA Employee Demographics**”
4. Verify/Change your employee records and select the **Save Icon**. Make sure you click Save before advancing to review a new page of employee records.
5. Enter Y or N in the field “Full Time YN”
6. Enter a “Hire Date” for each employee.
7. Enter a “Termination Date” on any employee records, as it applies.
8. Verify each employee has a valid entry in the fields: Address, City, State, Zip Code

TIPS:

- a. Keep in mind you can use the Search button and Mass Change ,“Mass chg”, button on this screen to find a specific group of employees or to make a mass change.
- b. You may need to select “Inactive?” at the top center of the screen to display employee records that have been marked Pay=“N”. If an employee has been marked “N” in the “Pay” field but they will be receiving a 1095 form, the record needs to be reviewed.

Emp Num	Employee Name	Full Time YN	Pay	Hire Date	Termination	Employee Combine
856	ADAIR, JOSHUA H.	Y	Y	8/13/2009	7/31/2013	ADAIR, JOSHUA H.
974	ANDERSON, ALEAHA G.	Y	Y	11/14/2011		ANDERSON, ALEAHA G.
975	ANDERSON, IVY L.	Y	Y	8/20/2012		ANDERSON, IVY L.



Verify Social Security Numbers

1. Select Payroll Processing
2. Select Employee Horizontal Data Changes
3. Under the “Entry Options” dropdown menu, select “Employee Demographics (Basic Fields)”.
4. Verify the Social Security Numbers for all employees

Setup Steps

STEP 1 – UPDATE WEB FINANCIAL OFFICE

If your site is **hosted by SDS**, you do not need to update your system. It will be updated for you.

If your site is hosted **on your server**, make sure your tech updates your Web Financial Office on a consistent basis so you will always have the most current ACA programs and reports.

STEP 2 – UPDATE THE DEDUCTION MASTER

This section explains how to indicate the Deduction/Benefit records that represent your health insurance records. This process is vitally important to the process as each individual for whom a 1095 form will be printed needs to be tied to one of the Health Insurance Deduction or Benefit Records.

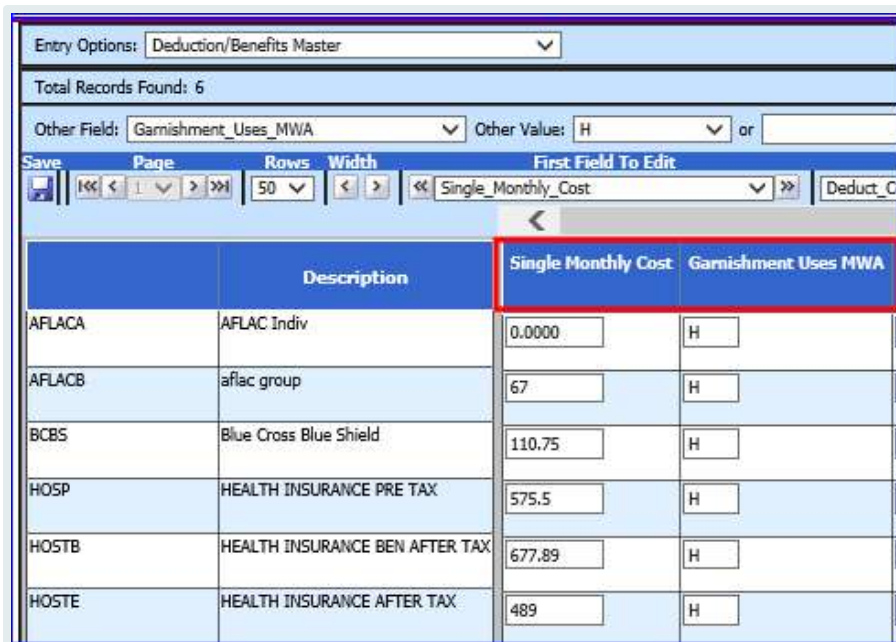
1. **Select Master File and Code Entry Options**
2. Select **Master File Horizontal Data Changes**
3. At the top of the screen, select the “**Entry Options**” dropdown menu, and select “**Deduction/Benefits Master**”
4. Select the following sorts :
 - a. Under “First Field to Edit” select “**Single_Monthly_Cost**”. This field will be displayed as the first column to edit. See screen print below.
 - b. To the right of that selection under “Sort By” select “**Garnishment_Uses_MWA**”. This will sort your records based on this field.
5. Find the Deduction/Benefit Record(s) that represent health insurance coverage for your district. In each record, in the column **Single Monthly Cost**, **enter** the amount for the employee’s share of the **lowest cost monthly premium**. This amount should be the self-only minimum essential coverage providing minimum value that your employer offers to their employees. **If applicable** this amount will be reported in Part II line 15 on form 1095-C.
6. On the same Health Insurance Records, enter an “**H**” in the “**Garnishment Uses MWA**” field to the right of that amount.
 1. The field “Garnishment Uses MWA” is normally used when processing Garnishments through payroll. The Garnishments field uses an “H” to indicate



Health Insurance. For 1095 processing, this field will serve a double duty and will be used to indicate which deduction/benefit items are Health Insurance Codes. If you don't know which deductions on which to enter the code of "H", please contact your insurance company, auditor, or the IRS.

NOTE: If you are processing Form 1095-B, the system will look at each employee, determine if they have a deduction or benefit that is indicated with an "H", and if the employee has a YTD figure for that deduction or benefit, the system will use the **Vendor Information** from that Deduction/Benefit Record to populate Part III of the 1095-B Form.

7. Click **Save** 



Entry Options: Deduction/Benefits Master			
Total Records Found: 6			
Other Field: Garnishment_Uses_MWA		Other Value: H	
Save	Page	Rows	Width
First Field To Edit		Deduct_C	
		Single_Monthly_Cost	
Description		Single Monthly Cost	Garnishment Uses MWA
AFLACA	AFLAC Indiv	0.0000	H
AFLACB	aflac group	67	H
BCBS	Blue Cross Blue Shield	110.75	H
HOSP	HEALTH INSURANCE PRE TAX	575.5	H
HOSTB	HEALTH INSURANCE BEN AFTER TAX	677.89	H
HOSTE	HEALTH INSURANCE AFTER TAX	489	H

The Single Monthly Cost and Garnishment Wages MWA are relevant to ACA processing

In the Deduction/Benefit Master make sure that any Health care related item that is reportable on the 1095 has the following fields filled in PRIOR to running the ACA Utility.

- Single Monthly Cost
- Garnishment Uses MWA



STEP 3 – RUN THE ACA DATA UTILITY PROGRAM

Running the ACA Data Utility will aid in preparing the Affordable Care Act Data Views for processing and will aid in helping to auto-fill key fields for ACA Reporting.

To Access the ACA Data Utility

1. Select **Human Resources**
2. Select **Human Resource Control Center**
3. On the left under Processing Options click on **Affordable Care Act**

Code	Description	January	February	March	April	May	June	July	August	September	October	November	December
<input type="checkbox"/>	192 BCBS MED INS S-12	89.00	89.00	89.00	89.00	89.00	89.00	91.00	91.00	91.00	91.00	91.00	91.00

PREPARE FOR 2023

ALL USERS should select “Prepare for 2023” regardless of if you are going to follow scenario 1 or 2 below. It is required. The **ONLY** thing this button does is add “2023” into the Coverage year field of the ACA Offer & Coverage and ACA Dependent view.

Selection of this option will do the following:

1. Move last year’s records, if you processed ACA information in SDS, to an archive area for retention, if needed in the future.
2. Change/Add the year “2023” in the field “Coverage Year” in the ACA View “ACA Employee Offer and Coverage” **and** in the “ACA Dependent Information” tables.

CREATE/RESET ACA SPECIFIC INFORMATION

Read through the options below to determine which scenario best describes your district

Scenario 1: Our district has run ACA Forms through SDS Web Financial Office in the past and our forms will look similar to our reporting for last year. There have been new employees hired to the district and I choose to manually enter the Offer and Coverage Codes for these new employees.

Scenario 2: Our district has run ACA Forms through SDS Web Financial Office in the past; however, we would like SDS to set the “Default Values” in the “Auto-Fill” Fields for new employees OR This is our first year for running ACA Forms through SDS Web Financial Office.

FOLLOW THE INSTRUCTIONS ON THE NEXT PAGE FOR THE OPTION YOU HAVE SELECTED



Scenario 1: Forms were run through SDS in the past and you want the current codes to remain. Changes will be done manually.

DO NOT SELECT “Create/Reset ACA Specific Information”.

DO NOT SELECT any other options of the ACA Data Utility

Review amounts & coding in the ACA View “ACA Employee Offer & Coverage”

You have opted to make changes to existing employees manually.

If you want the program to fill in coding on NEW employees only and leave the existing alone:

1. Make sure there is a checkmark in the option “Only change blank or 0 data values in the ACA area”
2. Select “Create/Reset ACA Specific Information”

Scenario 2: This is the First Year your district is doing 1095 Forms from the SDS or you want to Reset all

Fields back to your chosen default codes. Utility Features:

1. Default Codes: You can choose the default codes that you want entered on your employees.
2. When you run the utility, it will code everyone that was paid during the tax year as “ACA Current Status= A” (active), regardless of their PT/FT status. You can inactivate part-time employees, which would change their ACA Current Status field to inactive(I). Forms are not generated for employees that are inactive.
3. For districts that had a mid-year rate change, this utility will allow you to indicate which codes and months had a rate change.

Code	Description	January	February	March	April	May	June	July	August	September	October
<input checked="" type="checkbox"/>	BCBS Blue Cross Blue Shield	90.00	90.00	90.00	90.00	90.00	90.00	110.75	110.75	110.75	110.7



What does this process do to the data in the “ACA Employee Offer & Coverage” view?

FOR FULL CALENDAR YEAR EMPLOYEES

If an employee has been employed for the entire calendar year the following fields/settings will be auto-filled by the system. You can choose, in the ACA Utility, the code for Offer of Coverage and Safe Harbor that the Utility will add to your employees. These auto-fill settings give you a place to start from and any employee that deviates from those default values will need to be adjusted manually.

- **Covered_All_12** is filled in with a Y
- **Offer_of_Coverage_All_12** is filled with Offer of Coverage Code as indicated in ACA Utility.
- **Employee_Share_All** is filled with the amount from the **Single_Monthly_Cost** field, in the deduction master for the code that pertains to that employee. (This amount can be easily adjusted from the ACA Utility for those districts that have cost changes during the year)
- **Safe_Harbor_All_12** is filled with the Safe Harbor Code as indicated in the ACA Utility.

FOR EMPLOYEES WHO ARE LESS THAN FULL CALENDAR YEAR EMPLOYEES IN 2023

If the employee has not been employed for the entire calendar year, the program uses the hire and termination dates to determine what months the employee has been employed and the following occurs.

The Utility will fill in the months outside of the hire and termination dates with:

- Offer of Coverage Code “1H”- *Received no offer of coverage*
- Safe Harbor code of “2A”- *Employee not employed in the month*

Those can be edited as necessary if it is determined other codes apply.

- **Covered_All_(Jan – Dec)** fills the appropriate months of employment with a Y
- **Offer_of_Coverage_All_(Jan – Dec)** fills the appropriate months of employment with the Offer of Coverage code as indicated in the ACA Utility.
- **Employee_Share_(Jan – Dec)** fills the appropriate months with the amount from the field **Single_Monthly_Cost** of the code that pertains to that employee.(This amount can be easily adjusted from the ACA utility for those districts that have cost changes during the year.)
- **Safe_Harbor_All_(Jan – Dec)** fills the appropriate months of employment with the Safe Harbor Code as indicated in the ACA Utility.



ACA Utility Features

The following features regarding mid-year rate changes & mass inactivation of part-time employees may help to save you time editing the ACA Offer of Coverage view.

The Utility will fill in the months outside of the hire and termination dates with:

- Offer of Coverage Code “1H”- Received no offer of coverage
- Safe Harbor code of “2A”- Employee not employed in the month

Those can be edited as necessary if it is determined other codes apply.

USING THE ACA UTILITY FOR MID-YEAR RATE CHANGES

If you need to change your Employee Share All for employees with a specific deduction/benefit code, due to a mid-year rate change that can be accomplished using the ACA Utility.

Employee Share		Save Changes	Apply Changes	January	February	March	April	May	June	July	August	September	October	November	December
<input checked="" type="checkbox"/>	6	MED INS DED EO		112.00	112.00	112.00	112.00	112.00	112.00	125.00	125.00	125.00	125.00	125.00	125.00

1. Go to the Employee Share area of the ACA Utility, as shown above.
2. Below the Save and Apply Changes buttons are the reportable Health Care items.
3. Locate the item that has the rate change and fill in all of the months when the rate change occurs, with the new single monthly cost.
4. Click the Save Changes button.
5. Check mark that item in the left most column, under the green check. Click Apply Changes.
6. Done. Those amounts in ACA Offer & Coverage should now be adjusted. Verify data.

INACTIVATE PART-TIME EMPLOYEES FROM RECEIVING 1095 FORMS

When you run the ACA utility, it will make **every** employee who has been paid that calendar year ACA Current Status =A (active). If you do not want 1095 forms to go to Part-time employees, then you can change all at once by clicking on the “Inactivate Part Time Employees” button. This will change the status to I (inactive). Any part-time employee that should get a form will need to be manually adjusted back to active.



ACA Data Utility

Tax Year

Prepare for Tax Year

Only change blank or 0 data values in the ACA area.

Create / Reset ACA specific Information

Inactivate Part Time Employees

ADD EMPLOYEE TO 1095 DEPENDENTS

In the ACA Utility, the two buttons below simply toggle between adding the employees' names to the dependents section of the 1095 form and removing the employees' names.

To add the name: click on Add/Update Employee Name to Dependent area

To remove the name: Click on Remove Employee Name from Dependent Area.

Employee as a 1095 Dependent

Add/Update Employee Name to Dependant Area

Remove Employee Name from Dependant Area

When the program adds the employee as a dependent, it will flag that ACA dependent with an asterisk (*) in the Type field of the ACA Dependents view, see below. **Do not remove that asterisk.** That will insure that the employee's name is first in the dependent section, regardless of alphabetization.

ACA Dependent Information Add Delete

	Last_Name	First_Name	Middle_Name	Type	Cov Year	Off Ben	Acc Ben	Ben Date	Dec Date	Eff Date	End Date	Cov All 12	Jan	Feb	Mar
<u>Select</u>	Adams	John		*	2023							Y			

Dependent Information

Last Name: First Name: Middle Name:

Birth Date: Type: Coverage Year:




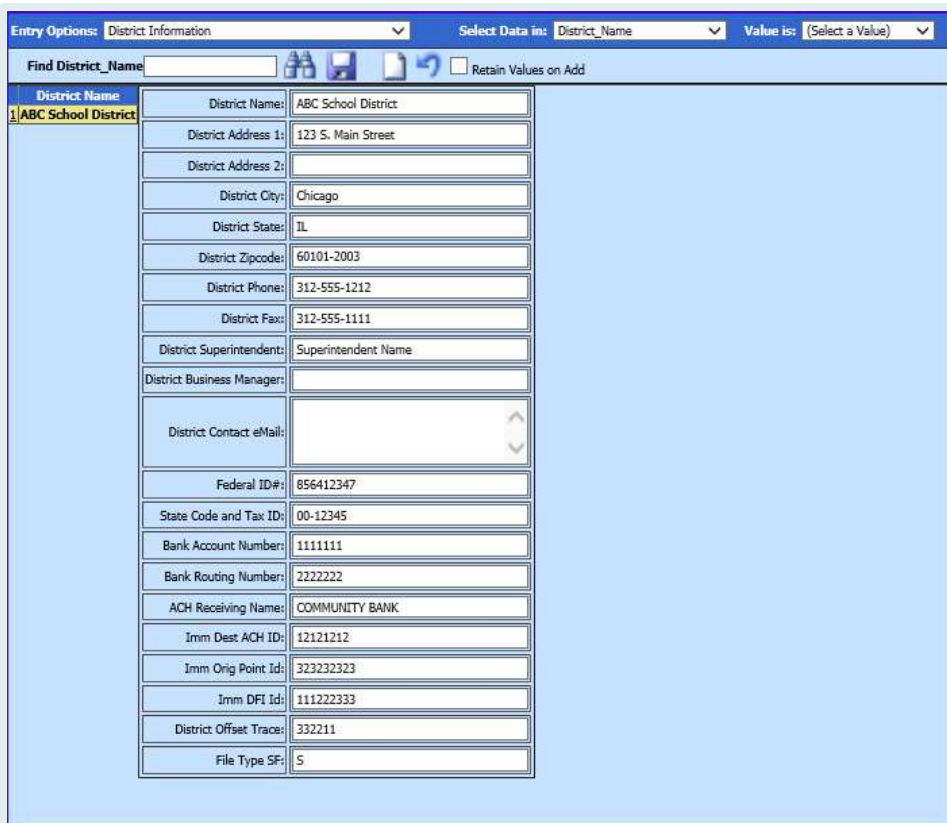
Entering Data for ACA Reporting

There are three main entry areas of data entry for ACA Processing: District Information, Employee Information and Dependent Information.

1ST AREA – DISTRICT INFORMATION

In this section enter the district name, address (street, city, state, and zip), Federal ID # (EIN) and district phone number

1. Select “**Master File and Code Entry Options**”
2. Select “**Master File Vertical Data Entry and Changes**”
3. Select the “Entry Options” dropdown menu and select “**District Information**”.
4. **Verify or Enter** the following fields: The information that you see entered on this screen is what will be printed on your forms so please make sure it is correct:
 - a. **District Name**
 - b. **District Address (Street, City, State and Zip Code)**
 - c. **Federal ID# (*this is your EIN number on the forms and is very important)**
5. Click Save .



Find District Name	District Name
ABC School District	ABC School District
District Address 1:	123 S. Main Street
District Address 2:	
District City:	Chicago
District State:	IL
District Zipcode:	60101-2003
District Phone:	312-555-1212
District Fax:	312-555-1111
District Superintendent:	Superintendent Name
District Business Manager:	
District Contact eMail:	
Federal ID#:	856412347
State Code and Tax ID:	00-12345
Bank Account Number:	1111111
Bank Routing Number:	2222222
ACH Receiving Name:	COMMUNITY BANK
Imm Dest ACH ID:	12121212
Imm Orig Point Id:	323232323
Imm DFI Id:	111222333
District Offset Traces:	332211
File Type SF:	5



2ND AREA – EMPLOYEE MASTER

There are two main ACA Employee entry views in the Employee Master.

Main Entry View 1 - ACA View “ACA Employee Demographics”

In this data entry view, review each employee’s address. Review all records to ensure these fields are populated on all employees. If any changes need to be made, this is the entry view to change it in. **New in 2023:** On the 1095-C, Part II now requires the employee’s age as of January 1. This will be computed based on their birthdate, so make sure all employees have birthdates entered.

1. Select Human Resources
2. Select Employee Horizontal Data Changes
3. Select the dropdown next to Entry Views and scroll up to select “ACA Employee Demographics”
4. Verify the Employee’s Name and Address. Make sure there is a zip code on each record as well.

NOTE: You may need to select “Inactive?” in the upper center portion of the screen to display employees who have been marked with an “N” in the field “Pay”

An employee may have “Pay” = N but still have “ACA Current Status” = A in Employee Offer and Coverage View.

5. Change your employee records and click **Save**.

TIP:

- a. Keep in mind you can use the Search button and Mass Chg button on this screen to find a specific group of employees or make a mass change.

Emp Num	Employee Name	Full Time YN	Pay	Hire Date	Termination	Employee Combined Name	Street Address One	Street Address Two
856	ADAIR, JOSHUA H.	Y	Y	8/13/2009	7/31/2013	ADAIR, JOSHUA H.	111 E POPLAR ST	
974	ANDERSON, ALEAHA G.	Y	Y	11/14/2011		ANDERSON, ALEAHA G.	1235 Highland street	
975	ANDERSON, IVY L.	Y	Y	8/20/2012		ANDERSON, IVY L.	3651 RUSSELL DR P O BOX 2	
00662	ANGELOVIC, TALYNN N.	Y	Y	8/15/2005		ANGELOVIC, TALYNN N.	10304 STOTZ LAKE RD	
864	ANTRY, KAYLA M.	Y	Y	7/13/2009		ANTRY, KAYLA M.		
1069	ARWOOD, TRINITY J.	Y	Y	3/1/2014		ARWOOD, TRINITY J.	1243 JANICE ST	



Main Entry Area 2 - ACA Employee Offer and Coverage

This section will step you through how to review and enter Employee Offer and Coverage information. **New in 2023:** On the 1095-C, Part II, Plan Start Month is REQUIRED. That field, Plan Start Month, is in this view and would be populated with the two-digit month, i.e. July would be 07, December would be 12.

****A Form will be generated for employees who has the following criteria:****

- ACA_Coverage_Year = 2023
- ACA_Current Status is NOT equal to I (Letter “I” for Inactive)

1. Select **Human Resources**
2. Select **Employee Horizontal Data Changes**
3. Select the dropdown next to Entry Views and scroll up to select “**ACA Employee Offer & Coverage**”

NOTE: The “ACA Employee Status Pay and Job (Set Seg) view is only used by clients processing ACA Forms through a third party company called Set Seg.



4. Determine which Employees will receive a 1095 Form for 2023.

If an employee is to receive a 1095 form, make sure their record reflects:

- ACA_Coverage_Year = 2023
- ACA_Current Status is NOT equal to I (ex: Inactive)

INACTIVE EMPLOYEES:

If an employee has been marked “Inactive for Payment” (Pay=N) within the past year, you will need to access these records to make sure the settings are correct for 1095 Processing.

1. Select the “Inactive?” Icon in the top center of the screen to display any individual marked as an “Inactive” employee. (Pay = N)
2. Review all employee records who should receive a 1095 form.
3. Make sure the Coverage Year is set to 2023



4. Make sure the ACA Current Status has a setting of “A” or the applicable setting that is NOT equal to “I” (Inactive).

Emp Num	Employee Name	Employee Name*	ACA Current Status Possible Values	Offer of Coverage All 12 Possible Values	Employee Share All	Safe Harbor All 12 Possible Values	Coverage Year
856	ADAIR, JOSHUA H.	<input type="checkbox"/> ADAIR, JOSHUA H.	A	1E	110	2C	2020
974	ANDERSON, ALEAHA G.	<input type="checkbox"/> ANDERSON, ALEAHA G.	A				2020
975	ANDERSON, IVY L.	<input type="checkbox"/> ANDERSON, IVY L.	A	1A	110	2C	2020
00662	ANGELOVIC, TALYNN N.	<input type="checkbox"/> ANGELOVIC, TALYNN N.	A	1E	110	2C	2020
864	ANTRY, KAYLA M.	<input type="checkbox"/> ANTRY, KAYLA M.	A				2020

Employees that are to receive a 1095 will have ACA Current Status not equal to "I" and Coverage Year ="2023"

5. **Review** all columns to the right of the employee name and **adjust/enter** correct data. These are the fields that are reported on the 1095-C form Under Part II “Employee Offer and Coverage”. Please review the IRS instructions for more clarification. <https://www.irs.gov/uac/About-Form-1095-C>

ASSIGNING REASON CODES AND EMPLOYEE SHARE AMOUNTS IF THE RATE IS UNCHANGED

If the “Offer of Coverage Reason Codes”, “Safe Harbor Reason Codes”, AND “Employee Share Amounts” have the SAME Codes/Rates for all 12 Months of the year, use the fields: “Offer of Coverage All 12”, “Employee Share All”, and “Safe Harbor All 12” . All three must be unchanged in order to be able to use ALL 12. If anything changed, you must fill in individual months and leave the ALL 12 fields blank.

ASSIGNING REASON CODES AND EMPLOYEE SHARE AMOUNTS FOR DIFFERING RATES THROUGHOUT THE YEAR

If the “Offer of Coverage Reason Codes”, “Safe Harbor Reason Codes”, OR “Employee Share Amounts” had different Codes/Rates at all throughout the year, you will need to enter the “Offer of Coverage Reason Code”, “Safe Harbor Reason Code”, and “Employee Share Amount” for EACH month of the year.

Do **NOT** use the fields “Offer of Coverage All 12”, “Employee Share All”, and “Safe Harbor all 12” if there were ANY differing reportable reason codes or rates. These fields would be used ONLY if the reportable Reason Codes and Rates remained unchanged throughout the year. When you cannot use the ALL 12 fields, here are a few tips!



TIP 1: FILL IN EVERY MONTH, JANUARY THROUGH DECEMBER

When you are unable to use the “All 12 Month” areas, then you must fill in every month. Even if an employee was not employed during a month, there is a code for that. The IRS will not accept forms with less than all 12 months filled out. Consult with your ACA team, if you are unsure what codes to use.

TIP 2: USING SORTS AND MASS CHANGE FOR EASE OF DATA ENTRY

Keep in mind you can use the Search button and Mass Change button when using the Employee Offer & Coverage view, to find a specific group of employees and make a mass changes to ease the data entry for these fields.

TIP 3: INACTIVE EMPLOYEES:

If an employee has been marked “Inactive” within the past year, you will need to access these records to make sure the settings are correct for 1095 Processing.

- Select the “Inactive” Icon in the top center of the screen to display any individual marked as an “Inactive” employee.
- Review all employee records who should receive a 1095 form.

TIP 4: EITHER ALL 12 OR INDIVIDUAL MONTHS:

Forms should either have the three “All 12 months” fields filled in OR every month January through December filled in. Forms should NOT have both the All 12 and individual months filled in. That will be an error.

LOCATING ALL 12 MONTHS OF THE YEAR (2 Options for Entry)

ACA Employee Offer & Coverage-Employee Horizontal Data Changes

If you need to assign an Offer Of Coverage Reason Code or an amount to each individual month of the year, you may use the scroll bar above the data grid, and/or select “First Field to Edit” and select a field (ex: Offer of Coverage May) that will allow you to move across the screen to access the fields for each Month of the Calendar year.

ACA Employee Offer & Coverage- Add, Change Employee Information

A new entry option may also aid in efficient entry of “ACA Employee Offer & Coverage”

- Select Human Resources
- Select Add, Change Employee Information



- Select the Employee for Entry of Different Reason Codes/Employee Share Amounts
- Check the box “ACA Employee Offer & Coverage” at the top of the screen
- All 12 months of the year are displayed on one “easy to use screen”.
- Use the drop down menu options to Enter the “Offer of Coverage” and “Safe Harbor” Reason Codes for each month of the year.
- Select the “SAVE” button at the top of the screen to record the time stamp for saving the data.

Human Resources Add, Change Employee Infor Remember last opened Resources Online

Admin Save Search Reports and Options

B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

Staff Have a Contract Advanced Search Select All Other Deductions & Benefits Degree Leave

Page 1 of 1 Employee Count = 24

Name

Admin, Admin

General Information Attendance Contracts Position Tax Information Payroll Control Direct Deposit Medical Information Certificate Degree Continuing Ed Units Committees Review Leave General Notes

ACA Employee Offer & Coverage

ACA Dependent Information



Correct and Incorrect Data Entry Examples

Full-Year Employees: The following 2 examples show Correct and Incorrect Entries for the Offer of Coverage/Safe Harbor Reason Codes and Employee Share Amounts

Correct Example

When Offer of Coverage, Employee Share, & Safe Harbor is the same for all months, put values in “All 12 Months” and leave individual months blank.

ACA Employee Offer & Coverage

Status: Coverage Year: Plan Start Month: Job Title:

Pay Rate: Pay Type: Pay Cycle Frequency: Class Code:

Class Label: Designation Code: Category Code: Classification Code:

Offered Benefits: Accepted Benefits:

Benefit Date: Benefit Decision Date: Benefit Effective Date: Benefit End Date:

	Offer of Coverage	Employee Share	Safe Harbor	
All 12 Months	<input type="text" value="1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse"/>	<input type="text" value="275.00"/>	<input type="text" value="2C ~ Employee enrolled in coverage offered"/>	<input type="text" value="All 12 Months"/>
January	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="January"/>
February	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="February"/>
March	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="March"/>
April	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="April"/>
May	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="May"/>
June	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="June"/>
July	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="July"/>
August	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="August"/>
September	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="September"/>
October	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="October"/>
November	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="November"/>
December	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="December"/>

Incorrect Example

Below, is an example of an incorrect entry for ACA Employee Offer & Coverage. When all three columns are the same for all 12 months, then the values should be entered in “All 12 Months” and individual months should be blank.

	Offer of Coverage	Employee Share	Safe Harbor	
All 12 Months	<input type="text" value="1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse"/>	<input type="text"/>	<input type="text" value="2C ~ Employee enrolled in coverage offered"/>	<input type="text" value="All 12 Months"/>
January	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="January"/>
February	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="February"/>
March	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="March"/>
April	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="April"/>
May	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="May"/>
June	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="June"/>
July	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="July"/>
August	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="August"/>
September	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="September"/>
October	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="October"/>
November	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="November"/>
December	<input type="text"/>	<input type="text" value="275.00"/>	<input type="text"/>	<input type="text" value="December"/>



Correct Example:

This would be an example of a correct entry of an employee who had differing “Employee Share” amounts during the year. In this case, the fields of: “Offer of Coverage”, “Employee Share”, and “Safe Harbor” should be entered for EACH month. “All 12 Months” should be left blank.

	Offer of Coverage	Employee Share	Safe Harbor
All 12 Months			
January	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	275.00	2C ~ Employee enrolled in coverage offered
February	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	275.00	2C ~ Employee enrolled in coverage offered
March	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	275.00	2C ~ Employee enrolled in coverage offered
April	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	275.00	2C ~ Employee enrolled in coverage offered
May	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	275.00	2C ~ Employee enrolled in coverage offered
June	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	275.00	2C ~ Employee enrolled in coverage offered
July	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	289.00	2C ~ Employee enrolled in coverage offered
August	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	289.00	2C ~ Employee enrolled in coverage offered
September	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	289.00	2C ~ Employee enrolled in coverage offered
October	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	289.00	2C ~ Employee enrolled in coverage offered
November	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	289.00	2C ~ Employee enrolled in coverage offered
December	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	289.00	2C ~ Employee enrolled in coverage offered

Incorrect Example

This would be an example of an incorrect entry. Since the offer of coverage, employee share amount, and safe harbor are the same January through December, “All 12 months” should be filled in. January through December should be blank.

	Offer of Coverage	Employee Share	Safe Harbor
All 12 Months		90.00	
January	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered
February	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered
March	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered
April	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered
May	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered
June	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered
July	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered
August	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered
September	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered
October	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered
November	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered
December	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse		2C ~ Employee enrolled in coverage offered



2023 Terminated Employees/Partial-Year: The following example shows an Incorrect and Correct data Entry for the Offer of Coverage/Safe Harbor Reason Codes and Employee Share Amounts. Note: The months that the employee was not employed need to include codes, too. A common code is 1H Offer of Coverage and 2A Safe Harbor, but there may be situations where those will vary. Check with “your team” if you are in doubt.

The ACA Utility will auto-fill the 1H and 2A for months outside of employees’ Hire and Termination dates.

Incorrect Example:

The following shows an employee that was terminated in June and no longer had coverage beginning in July . This is incorrect because it has months that are missing offer of coverage and safe harbor coding.

Month	Code	Value	Reason Code
January	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
February	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
March	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
April	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
May	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
June	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
July			
August			
September			
October			
November			
December			

Correct Example:

The following shows that terminated employee above with all 12 months filled in. 1H (Received no offer of coverage) and 2A (was not employed that month) fit in most terminated employee situations. If employee has a situation that requires different coding, that will need to be changed manually. The ACA Utility will auto-fill the 1H and 2A for months outside of their employment, based on Hire and Termination date.

Month	Code	Value	Reason Code
January	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
February	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
March	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
April	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
May	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
June	1E ~ Minimum essential coverage providing minimum value offered coverage offered to dependent(s) and spouse	90.00	2C ~ Employee enrolled in coverage offered
July	1H ~ Received no offer of coverage (employee not offered any health coverage or offered coverage that is not minimum essential coverage).		2A ~ Employee not employed during the month
August	1H ~ Received no offer of coverage (employee not offered any health coverage or offered coverage that is not minimum essential coverage).		2A ~ Employee not employed during the month
September	1H ~ Received no offer of coverage (employee not offered any health coverage or offered coverage that is not minimum essential coverage).		2A ~ Employee not employed during the month
October	1H ~ Received no offer of coverage (employee not offered any health coverage or offered coverage that is not minimum essential coverage).		2A ~ Employee not employed during the month
November	1H ~ Received no offer of coverage (employee not offered any health coverage or offered coverage that is not minimum essential coverage).		2A ~ Employee not employed during the month
December	1H ~ Received no offer of coverage (employee not offered any health coverage or offered coverage that is not minimum essential coverage).		2A ~ Employee not employed during the month

- The Plan Start Month is REQUIRED in 2023. You may want to use the “First Field to Edit”, in the horizontal view, and select “Plan Start Month” to make entry of this information easier. The horizontal view will also allow for mass changes, a quicker option. This holds the two digit month (01-12) that the plan year began for the health plan offered to the eligible employee.



7. Click  before leaving each page if you have entered or changed any information in this view.

Data entry in the ACA Offer & Coverage section of the program corresponds to Part II on the 1095C form. Line #14 is Offer of Coverage. Line #15 is Employee Share Amount. Line #16 is Safe Harbor.

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.
Go to www.irs.gov/Form1095C for instructions and the latest information.

600120
OMB No. 1545-2251
2023

VOID
 CORRECTED

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

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number):					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)																		

17 ZIP Code

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2023)

3RD AREA – DEPENDENT INFORMATION/COVERED INDIVIDUALS

This section will cover the three different ways you can enter employee dependent’s data into SDS for the 1095-B and 1095-C forms. You can choose to use one option or all options, described below, to get this data entered. The dependent information is printed in Part III of Form 1095-C and in Part IV of Form 1095-B. On 1095-B, if an employee has more than six dependents, they will print on the third page of the form, “Covered Individuals-continuation sheet”.

Three ways to enter dependents/covered individuals:

- Option 1 = Manual Entry using ACA Dependent View
- Option 2 = Import from CSV or XLSX
- Option 3 = Employee Portal

NOTE: Before entering dependents, verify that your situation requires it. Not all 1095C forms will require dependents to be added. See form instructions for Part III, Covered Individuals lines 18-30, on page 4, for more information.

Form 1095-C (2022) Page 3

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		
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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>



Questions about the form click this link:

1095-C form link: <https://www.irs.gov/uac/About-Form-1095-C>

1095-B page 1 of 3.

560118

Form 1095-B Health Coverage

Department of the Treasury Internal Revenue Service

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID CORRECTED

OMB No. 1545-2252
2023

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name 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): 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) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered at 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"/>

Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form 1095-B (2023)

Form resources on IRS.gov site:

- See link for full form. <https://www.irs.gov/pub/irs-pdf/f1095b.pdf>
- Questions about the form click this link: <https://www.irs.gov/uac/About-Form-1095-B>

ACA Utility: Should Employee’s name be included in Covered Individuals section of form?

Find out if you need to have your employees’ names listed, along with other dependents, in the Covered Individuals section of the 1095 form, Part IV of Form 1095-B or Part III of Form 1095-C. The IRS may require it depending on your situation. If you have any questions concerning whether the employee should/should not be listed in the “Covered Individuals” section of the 1095 forms, please consult your auditor, accountant, or the IRS.



To add the employee's name in the "ACA Employee Dependent View

1. Select Human Resources
2. Select Human Resources Control Center
3. Select "Affordable Care Act"
4. Select "Add/Update Employee Name to Dependent Area

To remove Employee's name in the Employee Dependent View (This will NOT remove dependents names, only the employee's name)

1. Select Human Resources
2. Select Human Resources Control Center
3. Select "Affordable Care Act"
4. Select "Remove Employee Name from Dependent Area"

You have the ability to add or remove an EMPLOYEE'S name from the Dependent Section of the 1095 B or C form, using the ACA Data Utility's "Employee as a 1095 Dependent" buttons.

Human Resource Control Center
ACA Data Utility

Apply Create/Reset Option Tax Year 2022 Default Codes Employee as a 1095 Dependent

Prepare for Tax Year 2022

Reset Option Only change blank or 0 data values in the ACA area.

Create / Reset ACA specific Information Offer of Coverage 1E Add/Update Employee Name to Dependant Area

Inactivate Part Time Employees Safe Harbor 2C Remove Employee Name from Dependant Area

Option 1 – Manual Entry in ACA Dependent View

This option simply involves going to the ACA Dependent Information entry view and typing in the dependent information.


2. Select Human Resources
3. Select Employee Horizontal Data Changes or Add, Change Employee Information
4. Select the "Entry Options" dropdown menu and select "ACA Employee Dependent Information"
5. Review all columns to the right of the employee name.

IN ORDER FOR A DEPENDENT TO APPEAR ON THE 1095 FORM, MAKE SURE THE FIELD "COVERAGE YEAR" IS POPULATED.



TWO OPTIONS FOR DEPENDENT ENTRY

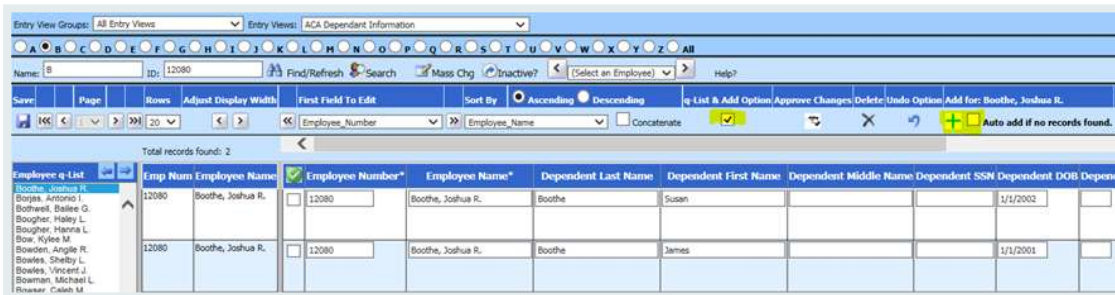
1. Employee Horizontal Data Changes

a. TO ADD A DEPENDENT:

- i. Place a check in "**q-List & Add Options**"
- ii. Select the **employee's name** under "Employee q-list" on the far left.
- iii. Click on the **plus sign +** to add a dependent.
- iv. Enter in the data and click **save** .



- v. **Tip:** If a Dependent’s LAST name is the same as the employee’s LAST name, enter just the Dependent’s FIRST name. When the entry is complete, select the Save icon and the Last Name Field will be automatically populated with the last name of the employee.
 - vi. **Check the box “Auto add if no records found” to automatically add a new Dependent record if a selected employee does not already have a dependent record.** This will save you the step of selecting the + (add icon) to add the first dependent record for each employee.
- b. **TO EDIT A DEPENDENT:**
- i. Select the **employee’s name** under “Employee q-list” on the far left.
 - ii. Enter in the correct data and click save .
- c. **TO DELETE A DEPENDENT:**
- i. Place a check in the box to the left of the “Employee number*” field for the dependent you want deleted and click the “X” icon under Delete.
 - ii. Click save .



2. Add, Change Employee Information

A new entry option may also aid in efficient entry of “ACA Dependent Information”

- Select Human Resources
- Select Add, Change Employee Information
- Select the Employee for Entry of Dependent Information
- Check the box “ACA Dependent Information” at the top of the screen
- Enter the Information for the Dependent

Required fields are

- Name
- SSN and/or Birthdate
- Coverage Year
- “Y” in Either All 12 Months or the individual months (if less than all year).
- Select the “SAVE” button at the top of the screen to record the time stamp for saving the data. Benefit fields are not required for 1095 processing.



Option 2 – Import from CSV or XLSX

If you have a CSV or XLSX file that contains all of the dependent information, you can import it into SDS. This process will import by using employee number or social security number as the key field.

TO DELETE DEPENDENT INFORMATION FROM A PRIOR YEAR IMPORT

If you have imported dependent information from a prior year that you wish to remove so a new complete file can be imported:

1. Select Human Resources Control Center
2. Select “Employee Horizontal Data Changes”
3. Select the “Entry Options” dropdown menu and select “ACA Dependent Information”
4. Click on the green “Check Mark” column heading. This will mark all records on the page.
5. Select the “Delete Icon” to delete these records.
6. Repeat this process for each page of records in the “ACA Dependent Information” view.

TO IMPORT NEW DEPENDENT INFORMATION

To import data into SDS follow these instructions:

1. Select **Human Resource Control Center (HRCC)**
2. Select the bottom option “**Import Employee Information**”
3. Follow the blue numbers on the left side of the screen:
 1. Click on the dropdown and select **ACA Dependent Information**
 2. Click “**Browse**” to locate your **CSV** or **XLSX** file
 3. Click **View Import** (more options will then appear)
 4. Look at the bottom of the screen and match up the fields that are needed with what was pulled in from your import. Please note the fields with ** are required.
 5. Click on “**Check Import Information**” button.
 6. Import the Data



- Tip: If you need to change the match up of the fields, simply change them. To start from scratch, click “Clear Field Selection” in number 4. If you need to undo the import, simply click on “Undo Import” to the right of number 1.



Go to the HRCC to bottom option: “Import Employee Information”

1 **ACA Dependent Information**

Line	Number	Name
1	12312345	jennifer

2 employeedep.xlsx

3 **First Row Contains Header**

4

5
 Record Count=1

ACA Dependent Information		
4 Employee **	<input checked="" type="radio"/> Number <input type="radio"/> SSN	Number <input type="button" value="v"/>
Dependent Last Name		Name <input type="button" value="v"/>
Dependent First Name		(Select Column) <input type="button" value="v"/>
Dependent Middle Name		(Select Column) <input type="button" value="v"/>
Dependent DOB		(Select Column) <input type="button" value="v"/>
Dependent SSN		(Select Column) <input type="button" value="v"/>
** Required		

Once the import is complete, go into **Human Resources |Employee Horizontal Data Changes |Select Entry View “ACA Employee Dependent Information”** and verify that the import was successful.

Go through each record and make sure required data is entered.



Option 3 – Employee Portal


If your district has activated the Employee Portal for use by your employees, you can ask the help of your employees to enter their dependent’s information. After the employees enter their dependent’s information, the Business Office will do a final review of the data and have the authority to approve these entries before the information is changed within the system. If you do not have the Employee Portal activated and would like to set it up for your users, click on the links below and follow the instructions.


<http://help.schooloffice.com/financehelp/#!/Documents/activatingtheemployeeportal.htm>

<http://help.schooloffice.com/financehelp/#!/Documents/settingupsecurityfortheemployeeportal.htm>

Tip: In the Appendix of this documentation, there is a handout to share with your employees that provides step by step instructions for entry of dependent information through the Employee Portal. You can print this handout and share this with your employees or copy and paste the document into an email.

ENTER DATA IN EMPLOYEE PORTAL

7. Select **Employee Portal**
8. Select **Change Basic Information**
9. Select **ACA Dependent Information**
10. Click on the + to add a dependent.
11. Enter their **data**.
 - Note: If you enter a dependent without a last name, the SDS system will add the employee’s last name to the dependent records when the office approves the entry.
12. Click on **save** 
13. Repeat by clicking on +, enter data and save for each dependent.

Change and Request Options:		Submit changes 	Add Another Item: 	12080 Boothe, Joshua R.		
ACA Dependent Information	SDS_Key	Dependent_Last_Name	Dependent_First_Name	Dependent_Middle_Name	Dependent_DOB	Dependent_SSN
Basic Demographics Information	Edit 2		Susan		1/1/2002 12:00:00 AM	
Certificates/Permits	Edit 1		James		1/1/2001 12:00:00 AM	
Committees		Dependent Last Name				
Degree		Dependent First Name	Susan			
Emergency Contact Information		Dependent Middle Name				
Medical Information Test		Dependent DOB	1/1/2002			
		Dependent SSN				

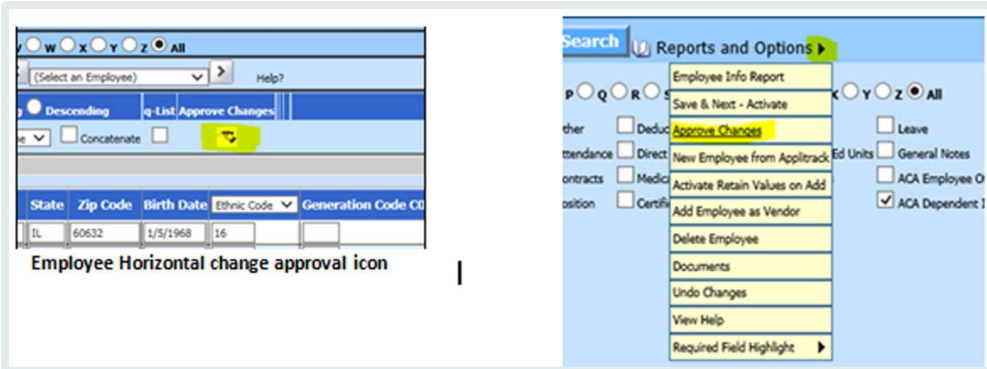



APPROVE DEPENDENT ENTRIES

After the employees have submitted the request to add or change their dependent records, the Business Office will receive a message prompting that there are data changes ready for review, upon login to the employee master. Simply click **OK** on the message.

To approve the dependent entries:

1. Select **Human Resources**
2. Select **Employee Horizontal Data Entry** or **Add, Change, Employee Info** (whichever you prefer)
3. Select **Approve Changes**



4. The **Change and Request Option** screen will display (Approval screen).
5. Select the dropdown and select **“ACA Dependent Information”** (This will then show only ACA dependent records)
6. Select the white boxes **to check** the records you would like to approve.
 - Note: The **green button** showing a check mark will **check or uncheck all records** when pushed.
7. Select the **“Approve if Checked”** button  to approve.
8. When you are done with the approval screen, close it.

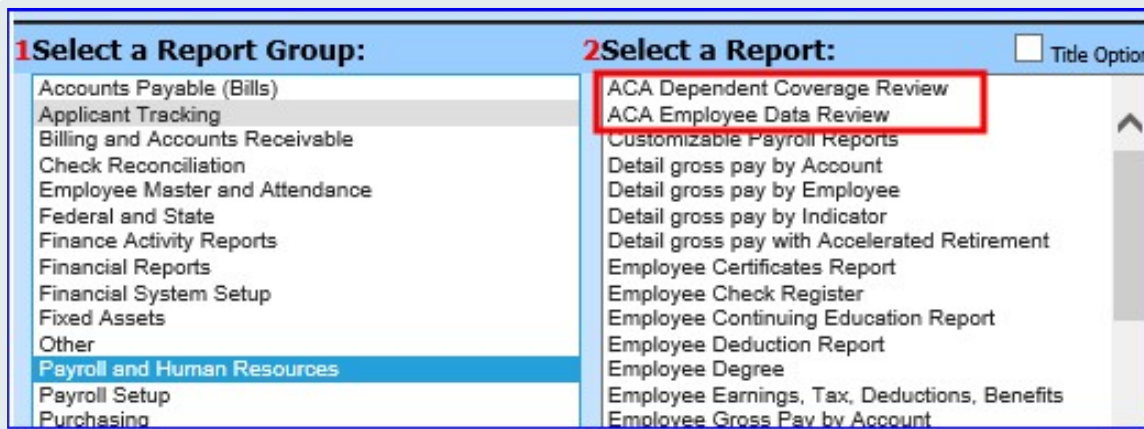
Change and Request Options:					
ACA Dependent Information					
<input type="radio"/> Approve <input type="radio"/> Deny <input checked="" type="button" value="Approve if Checked"/>					
	Id	Name	Change Field Name	Current Data	Change To
Select	<input checked="" type="checkbox"/>	24420 Conyer, Jessica M.	Misc1		M1
Select	<input checked="" type="checkbox"/>	24420 Conyer, Jessica M.	Misc4		4
Select	<input checked="" type="checkbox"/>	24420 Conyer, Jessica M.	Marital_Status	M	5
Select	<input checked="" type="checkbox"/>	22440 Hobbs, Cardell .	Street_Address_One	5425 Fetterbush Ln. #4	600 N. Lakeshore Drive
Select	<input checked="" type="checkbox"/>	22440 Hobbs, Cardell .	City	Lisle	Chicago
Select	<input checked="" type="checkbox"/>	22440 Hobbs, Cardell .	Zip_Code	60632	60611
Select	<input checked="" type="checkbox"/>	22440 Hobbs, Cardell .	Fed_Exemption	1	0
Select	<input checked="" type="checkbox"/>	22440 Hobbs, Cardell .	Extra_Fed_Tax	0.0000	15
Select	<input checked="" type="checkbox"/>	22440 Hobbs, Cardell .	State_Exemption	1	0

Tip: You can **view and adjust** these records after approving them in Human Resources |Employee **Horizontal** Data Changes |Entry View = ACA Dependent Information.



Verification Reports & 1095-B/1095-C Forms

Now that the data is entered for your district, employees, and dependents, you can print verification reports. SDS does NOT create/print a 1094 Transmittal form. SDS DOES offer reports that can be helpful in completion of a 1094 Transmittal form.



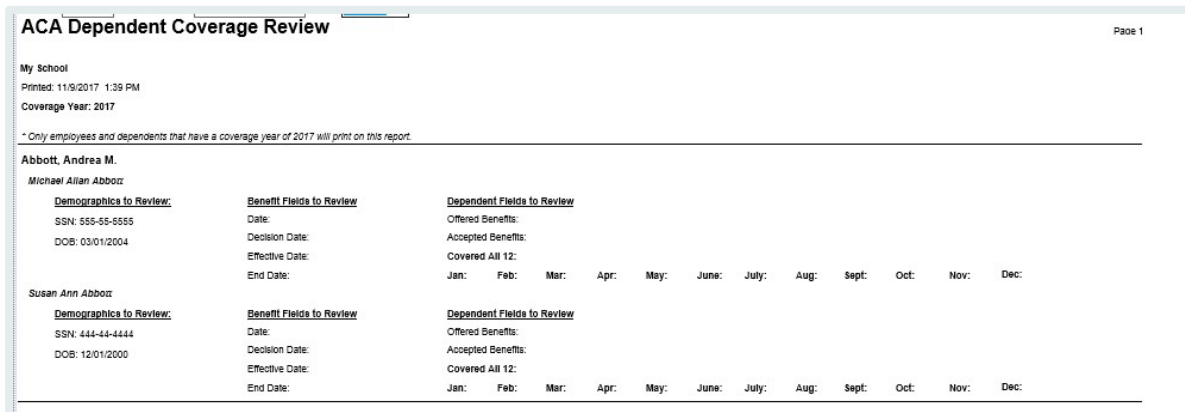
ACA data verification reports are available in the Payroll and HR report group.

DATA VERIFICATION REPORTS

There are a few reports you can run to verify ACA data. Two are located in Reports |General Accounting Reports |Payroll and Human Resources and another can be found in Payroll Processing |Customizable Reports.

ACA Dependent Coverage Review

1. Select Reports
2. Select General Accounting Reports
3. Select Payroll and Human Resources
4. Select ACA Dependent Coverage Review



*these examples were created with test data. Your data will display differently since you have live data.



NOTE: The information displayed in the “Other Fields” section of this report may/may not be used for generation of the 1095 forms. To determine the fields that are used on the 1095 forms, please see the Appendix of this documentation for the grid layouts for the fields used.

ACA Employee Data Review

1. Select Reports
2. Select General Accounting Reports
3. Select Payroll and Human Resources
4. Select ACA Employee Data Review

NOTE: This report contains a summary page that may be helpful in completion of the 1094 Transmittal Form. Summary page is last page of full report or you can opt to print just summary.

ACA Employee Data Review Page 1

My School
 Printed: 11/9/2017 1:32 PM
 Coverage Year: 2017

Abbott, Andrea M.

<p>DEMOGRAPHICS:</p> <p>Employee Name: Andrea M. Abbott SSN: XXX-XX-1234</p> <p>Street Address: 155 S. Beletontaine St. City/Town: Little State: IL</p>	<p>BENEFIT/DEDUCTION:</p> <p>Date: Decision Date: Effective Date: End Date: Offered Benefits: EF Accepted Benefits: EF</p>
---	--

OFFER & COVERAGE:

	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Offer of Coverage	1E												
Enter required code													
Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum	\$ 1,200.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Enter Code	2C												
Enter code if													

DEPENDENTS (Covered Individuals):

*No dependents were found for this employee.

**these examples were created with test data. Your data will display differently since you have live data.*



TIME/HRS CUSTOMIZABLE PAYROLL REPORT

Another verification report to run/create is located in Payroll Processing |Customizable Reports.

Follow the instructions below to create this report. Note: This report is not essential to the processing of 1095 forms but this information is often requested by SDS users as they work on this year-end form in determining full-time employees, etc.

1. Select **Payroll Processing**
2. Select **Customizable Reports**
3. On the right side of the screen under the report name box select **“SDS Library”**
4. Select either **“Average Hours Payroll Date Range”** or **“Average Hours Work Week Range”**
5. Select in the box **“Auto Answer”** under **3 - 6**
6. Enter your payroll date range at the bottom of the screen.
 - (I.e. 1/1/2023 to 12/31/2023)
7. Select the **preview button** at the top of the page

Report Definition:

1 **Select a Report Field Group:** Gross Pay/Tax's

2 **Report Fields:** Hours Reg + OT + Ret (Work Week Range)
Hours Reg + OT + Ret (WWR) / Weeks
Hours Reg + OT + Ret (WWR) / Months

Report Total Control: Employee Summary Totals

Report Name: Average Hours Work Week Range R-03

Your Reports **SDS Library**

- Average Hours Payroll Date Range R-02
- Average Hours Work Week Range R-03**
- Contract Balance by Account R-04
- Contract Balance by Employee R-05
- Payroll Register - Curr, Mth, Qtr, YTD R-13
- Payroll Register - Current and YTD R-11
- Payroll Register - Fiscal YTD R-14
- Payroll Register - IL and WI R-07
- Payroll Register - Illinois R-08
- Payroll Register - Wisconsin R-09
- Payroll Register - With Benefits R-06
- Payroll Register - YTD R-15
- Payroll Register R-01
- Payroll Register R-10

Crystal Template swf_prrt_40.rpt

3 - 6 Activate Sort Definition Area Activate Ignore Zero Value Option

[Adjust selection to include Only Active Employees?](#)

Auto Answer

Question	Answer
Enter Employee Number:	Hide Employee Number

Enter Payroll Date Range:

Date From: 01/01/2023 No Lower Value Date To: 12/30/2023 No Upper Value

< January 2023 > < December 2023 >



Methods of Delivery to Employees

After you have entered and verified all of your data, the next step is to print the forms.

METHODS OF DELIVERY OF 1095 FORMS

1. Printed Paper Copy of the form.
2. Delivery to the Employee Portal via Message Center (RECOMMENDED)
3. Delivery through email (REQUIRES EMPLOYEE AUTHORIZATION)

PRELIMINARY STEPS IF 1095 FORMS WILL BE DISTRIBUTED VIA MESSAGE CENTER

1. Activate Employee Portal

- a. If you are currently using the Employee Portal and your employees receive their payroll direct deposit voucher via the Message Center, make sure that you have added the employee portal for any new employees. If you have not, follow the instructions in the link below:

<http://help.schooloffice.com/financehelp/#!/Documents/settingupsecurityfortheemployeeportal.htm>

- b. If you have not activated the Employee Portal and would like to start using this method of delivery for your payroll direct deposit vouchers, W2 forms, and 1095 Forms, follow the instructions from the first link, for activation, and the second link, for setup and security changes.

<http://help.schooloffice.com/financehelp/#!/Documents/activatingtheemployeeportal.htm>

<http://help.schooloffice.com/financehelp/#!/Documents/settingupsecurityfortheemployeeportal.htm>

2. To Activate and Assign an additional master password for exported files

1. Select **Administrative Utilities**
2. Select **“SDS Web Office Settings”**
3. Select the **“General”** Tab
4. In the field **“PDF Password Protection Master Password”** enter the password to be assigned in addition to the optional user password for all exported files.
5. In the field **“Password Protect PDF export to Message Center”**, enter a **“U”** to allow the user to determine the password.
6. At the same time you could put a **“U”** in the Password Protect **Payroll Vouchers when e-mailed** if you would like.
7. Select **“Save Changes”**
8. **Logout** of SDS and **back in** to apply this setting.



PRELIMINARY STEPS IF 1095 FORMS WILL BE DISTRIBUTED VIA EMAIL

If you haven't previously used the email feature to distribute forms such as Direct Deposit vouchers, or W2's to employees then it is recommended that the system operator first run a **quick test** of the email process by sending only one 1095 form, probably sending the form to their own email address.

It is important to complete all the setup steps listed below:

Enter Server and Return Email Address Information

1. Select Administrative Utilities
2. Select SDS Web Office Settings
3. Select the Email Settings tab at the bottom left of the screen.

Enter Server Name or IP Address

1. Enter the external full DNS name or external IP address of the SDS Web Office Server. This address will be used for the URL in the e-mail that is sent (if applicable).
 - a. **For Hosted Clients, this is not needed for emailing but would be: (ex: ssl.schooloffice.com)**
2. Enter the SMTP Server: Enter the name or IP address of your SMTP Server. This address will be used by SDS Web Office to send e-mails. Make sure the SDS Web Office Server has permissions to relay e-mail through this.
 - a. For Hosted Clients, enter: 172.60.9.199
3. Enter the Return Email Address
4. Send a test email message
5. Save the settings

Enter Email Information for the Person Sending 1095 Forms by Email

1. Select Master File and Code Entry Options
2. Select Master File Vertical Data Entry and Changes
3. Entry Options dropdown, select "Users"
4. In the Teacher Name list on the left, locate the person who will be sending the Direct Deposit Vouchers by Email and select that person
5. Enter that person's "email address"
6. Select the Save icon

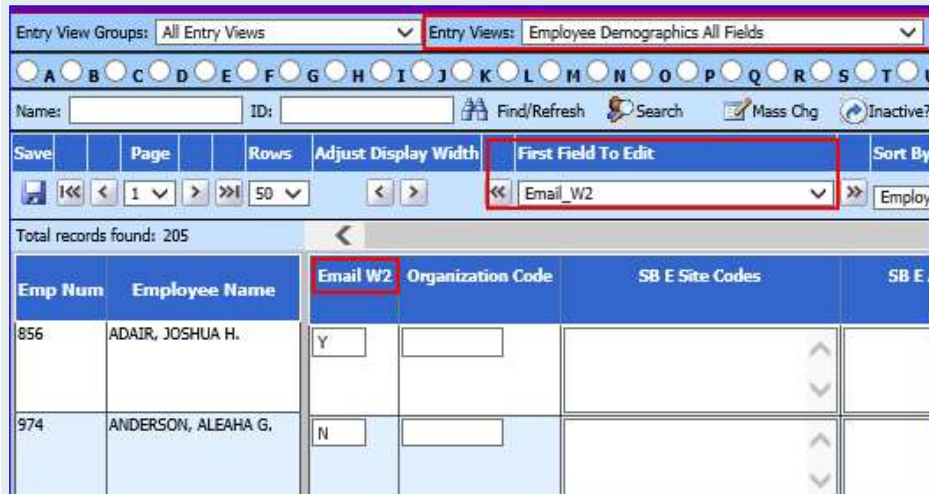
Enter Email Information for all Employees who are Receiving a 1095 Form by Email

1. Select Payroll Processing
2. Select Employee Horizontal Data Changes.
3. On the Entry Options dropdown menu, select Employee Demographics (All Fields)
4. On the "First Field to Edit" dropdown menu, select "Email Name"
5. Enter the employee's email address into 'Email Name' field for all employees who are to receive their 1095 by Email
6. Select the Save icon



Setting up the Verification to allow 1095 Forms to be Emailed to the Employee

1. Select Payroll Processing
2. Select Employee Horizontal Data Changes
3. On the Entry Options dropdown menu, select Employee Demographics (All Fields)
 - Select the “First Field to Edit” dropdown menu, select “Email W2” (This field will also be used to activate emailing of 1095 forms)
4. Upon receiving verification from the employee that they are authorizing their 1095 to be sent to them via email, change this field to a ‘Y’. The ‘Y’ in this field will then allow the 1095 to be sent electronically.



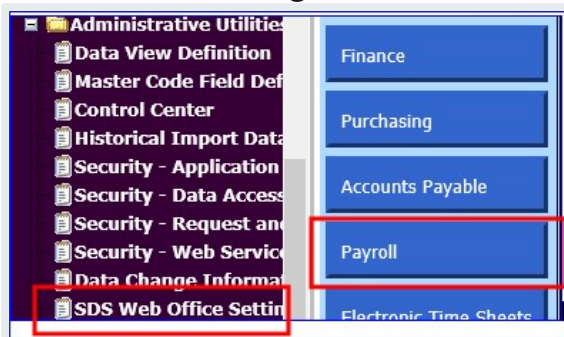
The screenshot shows the SDS Web Office Settings interface. The 'Entry View Groups' is set to 'All Entry Views' and 'Entry Views' is set to 'Employee Demographics All Fields'. The 'First Field To Edit' dropdown menu is set to 'Email_W2'. The table below shows the 'Email W2' field for two employees: ADAIR, JOSHUA H. (Y) and ANDERSON, ALEAHA G. (N).

Emp Num	Employee Name	Email W2	Organization Code	SB E Site Codes	SB E A
856	ADAIR, JOSHUA H.	Y			
974	ANDERSON, ALEAHA G.	N			

The field “ Email W2” is used for Federal forms, including W2 and 1095 forms.

To activate the 1095 email Option in SDS Web Settings

1. Select Administrative Utilities
2. Select SDS Web Office Settings.
3. Select the “Payroll” tab at the left side of the screen.
4. Scroll to the bottom of the options and locate “W2 Email Delivery-Allow”. (This option is also used for allowing 1095 forms to be delivered via email)
5. Enter a “Y”
6. Select “Save Changes”



W2 email delivery - Allow	N Y	If Y then the option to deliver Federal W2 forms via email will be activated
Save Changes		

TIPS FOR 1095-B AND 1095-C FORMS

1. TIPS FOR 1095-B Forms

Select the Origin of the Policy you would like displayed in Part 1 #8.	Origin of the Policy
B - Employee-sponsored program	
Select the type of coverage you have. *If you selected B for the type of Origin for the Policy then you should select Employer Sponsored Coverage (self-insured). Employer or Insurance Company Coverage	Employer or Insurance Company Coverage
Employer Sponsored Coverage (self-insured)	
Select if you would like to print page three or not print it.	Hide Page Three
Print Page Three	

Parameter 1: “Select the Origin of the Policy you would like displayed in part 1 #8”

The item selected from this dropdown menu will determine what letter will appear in Part I, #8 of the 1095-B Form.

Parameter 2: “Select the type of coverage you have” If you selected B for the type of Origin, then select Employer Sponsored Coverage (self-insured)

- If you select “Employer Sponsored Coverage, Part III of the form will populate with your District Information.
- If you select “insurance Company Coverage, Part III of the form will populate with the Insurance Company’s Vendor Information. (The Vendor Information that will be used is tied to the Vendor Number used in the Deduction/Benefit Master records that are marked with an H in the “Garnishment Uses MWA” field.)



2. TIPS FOR 1095-C Forms

Close Report Export-report.cco / Message Center Viewer Font Size: Small Print Control: PDF Close Report

Enter prompt values.

Select the type of coverage you have. Employer or Insurance Company Coverage

Employer Sponsored Coverage (self-insured)

Select if you would like to print page three or not print it. Hide Page Three

Print Page Three

First read the IRS instructions for line two before selecting, so you submit your form correctly. Employee Social Security Number

Print the full employee social security number - SEE INSTI

OK

Parameter 1: Select the type of coverage you have:

- If you select “Employer Sponsored Coverage (self-insured)”, then an X will be placed in the checkbox in Part III of the 1095-C Form
- If you select “Insurance Company Coverage”, the checkbox in Part III of the 1095-C Form will remain BLANK

Line 15-Should an Amount appear?

If code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q, is entered as Offer of Coverage on Line 14 either in the "All 12 Months" box or in any of the monthly boxes, then line 15 should include the amount of the Employee Required Contribution, which is, generally, the employee share of the monthly cost for the lowest-cost, self-only minimum essential coverage providing minimum value that is offered to the employee. .

- If you used 1A as an “Offer of Coverage Code”, an amount will NOT appear on Line 15, per IRS Guidelines.
- If you feel an amount should appear on Line 15 for an individual’s 1095-C Form, please review the IRS Guidelines and review the “Offer of Coverage Code” assigned to the individual.



Verbiage from IRS Instruction for Form 1095-C

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the Instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

2022 tax year form

PRINTING 1095 FORMS

1. Select Payroll **Processing** | Click on **State/Federal Reporting and 3rd Party Export**
2. Select the dropdown menu next to "**Select Your State**", scroll up, and select "**Affordable Care Act Reporting**"
(The Affordable Care Act Reporting option isn't available in individual state menus. To locate the ACA reporting area, scroll up in the "Select Your State" drop down box.)

The screenshot shows a software interface with a dropdown menu titled "Select Your State:". The menu is open, showing a list of options. The top option is "Affordable Care Act Reporting", which is highlighted in blue. Below it are several provider names: Gatekeeper, TSA Consulting Group, Inc., CPI Qualified, GLP, Penserv, ING, Admin Solutions, Mid America, American Fidelity, Omni, Set-Seg ACA Tracking, Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, and Florida. To the right of the dropdown is a field labeled "Select a Report" with a downward arrow. Below the dropdown is a logo for "Affordable Care Act" featuring a stylized figure holding a shield.

3. To the right, select the type of form you will be issuing: **1095-B (Health Coverage Form) or 1095-C (Employee Provided Insurance Offer & Coverage)**.
4. In the field "Calendar Year", enter 2023.
5. Verify/Fill **all the data fields** under "District Address, Contact, Account #'s and Other Coding Information". See screen print below.
In addition, make sure that the **District Office information**, located in the Master File and Code entry area is correct, District Name, Address and Fed ID #.



- Then select “Create Report”. *When you print the report, verify the information displayed on the forms for accuracy.

Figure 1 In addition to the District Address, Contact Acct #'s etc, in the area above, verify that the District Information located in the Master Code Entry and Changes area has the correct District Name, Address, and Fed ID #

- Select the correct options for each of the listed parameters. If you have questions on answering each of the parameter questions, please consult your accountant, auditor, insurance company, or the IRS.
 - If you are printing forms to send to the IRS, they **require the full social security number**. (Only available if less than 10 forms)
 - If you are printing forms to send to employees, you also have an option to print the last 4 digits of the social security number.

Parameter question on 1095 forms regarding Social Security Number formatting.

- Upon display of the forms, if you will be printing a paper copy of the forms, select the Printer Icon.



DELIVERY OF 1095 FORMS VIA MESSAGE CENTER AND EMAIL

Follow one set of instructions for the delivery method that corresponds to the methodology your district will be using.

DELIVERY OF 1095 FORMS VIA MESSAGE CENTER

1. Upon display of the 1095 forms on the screen, select “Export Report to Message Center” at the top of the screen”

Send report to the Message Center	
1 Subject	Attachment: ACA-1095-B
2 Message	ACA-1095-B (11/12/2018 @ 3:21 PM)
File Type	Adobe Acrobat (PDF)
3	<input type="button" value="Send Now"/> <input type="checkbox"/> Create individual employee pdf files in message system.

2. Make sure there is a checkmark in the option “Create Individual Employee pdf files in the Message System”.
3. Select “Send Now”
4. When the process is complete, select “OK” on the message
5. A Message Center Screen will display. Close that screen.
6. The forms will automatically be sent to each employee’s portal and will be immediately accessible by the employee through their message center option.

DELIVERY OF 1095 FORMS VIA EMAIL


1. Upon display of the 1095 forms on the screen, select “Export Report to Message Center” at the top of the screen.

Send report to the Message Center	
1 Subject	Attachment: ACA-1095-B
2 Message	ACA-1095-B (11/12/2018 @ 3:21 PM)
File Type	Adobe Acrobat (PDF)
3	<input type="button" value="Send Now"/> <input type="checkbox"/> Create individual employee pdf files in message system.

2. Make sure there is a checkmark in the option “Create Individual Employee pdf files in the Message System”.
3. Select “Send Now”
4. When the process is complete, select “OK” on the message



5. A Message Center Screen will display. Close that screen.
6. Select Payroll Processing, then “Direct Deposit eMail”
7. Select the 1095 Form option in the “To” option
8. Select the employees who will receive their 1095 form via email.
9. Select “Send E-Mail”

From:	Office Administrator <input type="checkbox"/> Show Sent Direct Deposit Vouchers	
	 Individual Recipient Advanced Filter	
To:	ACA 1095 (12/31/2018) <input type="button" value="v"/> <input type="button" value="v"/> Abercrombie, Brian A.	Send Message To: <input type="checkbox"/> Send Test Message Abercrombie, Brian A. <input type="button" value=">"/> <input type="button" value=">>"/> <input type="button" value="<"/> <input type="button" value="<<"/> <input type="button" value="X"/>
<input checked="" type="checkbox"/> CC me at:	John@SchoolOffice.com	
Subject:	ACA 1095 (12/31/2018)	
Message:	ACA 1095 (12/31/2018)	

First Time E-Filing or Using a new TCC?

The biggest change of the 2023 tax year form filing is that the threshold to be able to mail in 1095 forms, has been reduced from 250 forms to 10 forms, in aggregate across 1095, 1094, and 1099 forms. This change effectively requires all districts to e-file, starting January 1, 2024. This means that someone from each district will need to have their own TCC in order to upload to the IRS’s AIR system. TCC’s are specific to a person, not to a district, and for those people that work at multiple districts, they are specific to the person and district. It is also recommended to have a backup person apply for a TCC as well, since the process can take up to 45 days, according to the IRS website.

Note: *The TCC for 1099’s are different, as they are used on a different system called the FIRE system. The TCC used to upload 1099’s cannot be used to upload 1095’s*

How does e-file differ from printing and mailing in your forms? The obvious answer is that you will now send a file to the IRS with all of the information that was on the 1094 and 1095 forms. When you send the file, it sends both the 1094 and 1095 info at the same time. This process saves time and paper.

TCC’s are initially sent to users in the “test mode”. The first time that a TCC is used, you must send a TEST file. This is a choice that you will make on the screen where you create



the E-file, see the screen print below. Make sure to put the dot in TEST for your first upload. The test file does not transmit your data, it transmits test data.

Instructions

1. Fill out Transmitter and 1094C information below
2. Production **Test** Tax Year [redacted]
3. Create Files for 1094C/1095C
4. (Download File)
5. IRS Upload Site (Live)

The first time you use your TCC, you must send a Test File.

When you get notified that you transmitted a successful Test file, YOU must then contact the IRS and let them know that you had a successful Test file. At that point, the IRS will move your TCC mode, in their system from Test to Production mode. The IRS will not do that automatically, you must contact them.

The importance of getting your TCC in production mode is that is the required mode to send your district's actual data. Once you contact the IRS and inform them that you have had a successful test file, that process to move your TCC into production mode generally takes 48 to 72 hours for the IRS to change that designation in their system and be able to upload the production file. Remember: the IRS will not automatically change your mode after a successful test file. You must contact them to let them know.

Note: Sending the test file is only done the first year that you use it. After that, all subsequent years, you can skip this process and go straight to production mode.

Electronic Filing: File Uploaded to IRS

Electronic Filing Requires a Transmittal Control Code (TCC). The TCC that you use for your 1099's is probably different from the one you will need to use for your 1094/1095 files, so make sure you are using a TCC specific to your ACA forms. When creating the e-file it contains both 1094 & 1095 information.

To file your 1094/1095 electronic submissions, use the information below. For any questions regarding this electronic submission, please consult with your accountant, auditor, or the IRS.

1. Select Payroll Processing
2. Select State/Federal Reporting and 3rd Party Export
3. Select Affordable Care Act Reporting
4. In the menu to the right, select "1094C-1095C Electronic Submission"



Instructions

1. **Fill out Transmitter and 1094C information below**

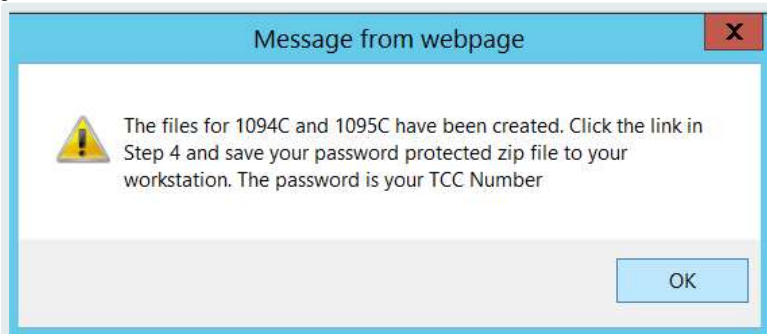
2. **Production** **Test** Tax Year

3. **Create Files for 1094C/1095C**

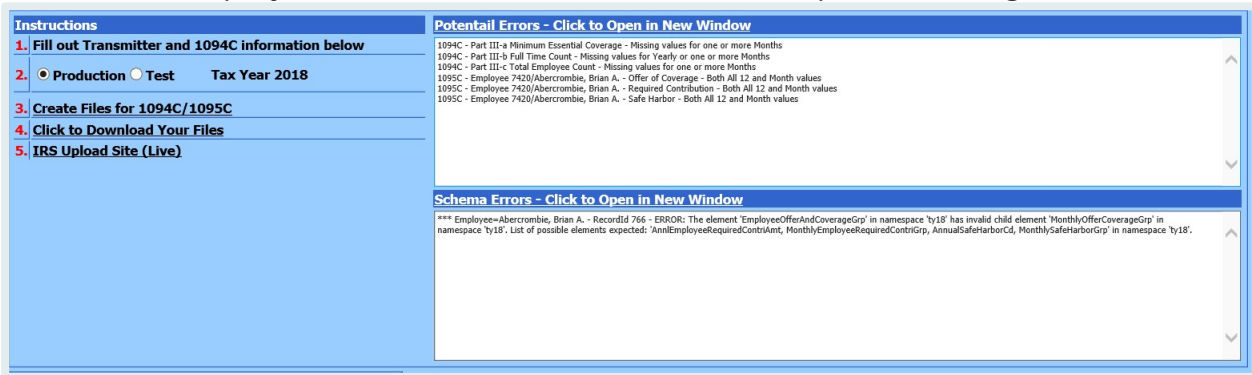
4. **(Download File)**

5. **IRS Upload Site (Live)**

5. Fill out the Transmitter and 1094c information which starts under the “Instructions” box with Instruction Numbers 1-5. There are several areas which must be completed. Be sure to scroll all the way down the screen so no areas are missed. Pay careful attention to ALL areas on the screen and answer accordingly for your filing. If you have ANY questions on how to answer these questions or which questions you need to answer, please consult the IRS or your accountant/auditor.
6. When submitting information to the IRS, you will either be submitting **TEST** information or **PRODUCTION** information.
 - If you have submitted an ACA File electronically through SDS in the past using the same TCC, select **PRODUCTION** when creating your electronic file.
 - If you have not submitted an electronic file through SDS and have a new TCC, or you had an outside firm submit your ACA Forms in the past, select **TEST** to create a Test File for submission.
 - a. After the Test File has been accepted by the IRS, you will receive a Transmittal Number.
 - b. With that Transmittal Number in hand, call the IRS and inform them that you had a successful test file upload.
 - c. They will move your TCC from test to production mode, which takes about 48-72 hours.
 - d. Proceed to create a Production ACA File for submission.
7. Select “Create Files for 1094c/1095c” to create data files. These files will be formatted per the current IRS specifications. Upon creation of the files, a message will direct you to select the link in Step 4 and save your password protected file to your workstation.



- Look at right side of the screen for Potential Errors and Schema Errors. Identify and Correct all displayed errors and recreate a new file prior to filing with the IRS.

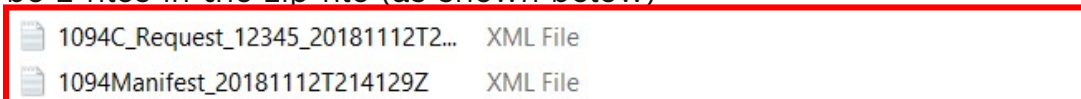


Potential Errors System detected errors that are inconsistent with the IRS electronic ACA Filing requirements. Click on the title (link), of the section, to view the errors in a new window.

Schema Errors Errors that will be detected upon IRS filing. Click on the title (link), of the section, to view the errors in a new window.

- Select “Download File” to save the created data files to a location of your choosing. A password has been added to the download file because of the sensitive nature of the data being saved.

- The file that is created will be a zip file.
- You must extract the files from this zip file prior to uploading the file. There will be 2 files in the zip file (as shown below)



- The password, needed for unzipping this file, will be your TCC number.

- Select “IRS Upload Site (Live)”. Log into the IRS website and follow their directions to transmit either the Test files or the Production Files. Submit each extracted file (Request and Manifest) in the requested area on the IRS Site.

1095 Correction Tips

After submitting your electronic 1095 File, if you receive any messages from the IRS regarding correcting records for a specific Record ID, the following steps may help with identifying the employee’s record for correction.

- Select Payroll Processing
- Select State/Federal Reporting
- Select ACA Reporting
- Select 1094C-1095C Electronic Submission
- Select the Transmission Type Dropdown box
- Select “Correction”
- Select “Corrected 1095c”
- A list of employees will be displayed along with a “Record ID” column.



9. Locate the “Record ID” associated with the IRS message you received to identify the employee that will need corrected.
10. Make any needed corrections, then follow the IRS guidelines for submitting the Corrected 1095 file.

Instructions

1. Fill out Transmitter and 1094C information below
2. Production Test Tax Year 2020
3. Create Files for 1094C/1095C
4. [\(Download File\)](#)
5. [IRS Upload Site \(Live\)](#)

Transmission Type: Correction Corrected 1094C Corrected 1095C

Original Receipt Id:

Transmitter Information

Company Name:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Zip Plus 4:

Transmitter TOC:

First Name:

Middle Name:

Last Name:

Suffix:

Phone Number:

Select the employees for the Corrected Submission

	SSN	RecordID	Name
<input type="checkbox"/>	523-99-0001	1	MILLER, KRISTIAN P.
<input type="checkbox"/>	521-99-0003	2	HAAS, NICHOLAS J.
<input type="checkbox"/>	524-99-0005	3	SURMAN, ROXANN L.
<input type="checkbox"/>	521-99-0007	4	JOHNSON, DANIEL F.
<input type="checkbox"/>	505-99-0012	5	CARNAHAN, GARRETT M.
<input type="checkbox"/>	522-99-0015	6	DOCKERSON, DUSTIN E.
<input type="checkbox"/>	520-99-0016	7	FRECH, DEVIN C.
<input type="checkbox"/>	503-99-0018	8	HARTMANN, LUCAS J.
<input type="checkbox"/>	524-99-0019	9	HENRY, ALEXIS N.
<input type="checkbox"/>	521-99-0020	10	HENTIS, KALLI A.
<input type="checkbox"/>	523-99-0021	11	HOMRUGHAUSEN, EMILY J.
<input type="checkbox"/>	521-99-0022	12	KELLERMAN-STINES, CALEB C.
<input type="checkbox"/>	524-99-0024	13	LOLAH, BRENDEN J.
<input type="checkbox"/>	524-99-0025	14	MALONE, MATTIE M.
<input type="checkbox"/>	524-99-0026	15	NIHELLES, CHRISTOPHER T.

Third Party Interface (Set Seg)

If the 1095 forms are not being processed through the SDS program but instead through the third-party Set Seg, then refer to the link below for more information. There is a view, dedicated to the Set Seg data located in the Employee Horizontal Data Entry & Changes, titled ACA Employee Status Pay and Job (Set Seg)

<http://help.schooloffice.com/financehelp/#!/Documents/setsegreportingaffordablecareactreporting.htm>

Entry Views: ▼

J K L M N O P Q R S T U



Appendix

1095-B FORM EXAMPLE

Link to 1095B form: <https://www.irs.gov/pub/irs-pdf/f1095b.pdf>

560118

Form 1095-B
Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2252
2023

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name	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) 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	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** (2023)

Page 1 of 2023 1095B form. If you have more than 6 covered individuals, they will print on page 3, Part IV- Covered Individuals continuation sheet.



1095-B SDS DATA FIELD REFERENCE

Form Number	Description	SDS Field	Notes
FORM 1095-B HEALTH COVERAGE			
PART I			
1	Responsible Individual	Employee_SR_2.Employee_Name	
2	Name of responsible individual	Employee_Master.Social_Sec_Numb	Only prints last four digits on forms
3	Social security number (SSN)	Employee_Master.Birth_Date	
4	Date of birth (if SSN is not available)	Employee_Master.Street_Address_One and Employee_Master.Street_Address_Two	
5	Street address (including apt number)	Employee_Master.City	
6	City or town	Employee_Master.State	
7	State or province	Employee_Master.Zip_Code	
8	Country and ZIP or foreign postal code		
9	Enter letter identifying Origin of the Policy (see instructions for codes): Small Business Health Options Program (SHOP) Marketplace Identifier, if applicable	Blank	User selects this code on the parameter screen before running the report
PART II			
10	Employer Sponsored Coverage (see instructions)		
11	Employer name	Ach_Master.District_Name	
12	Employer identification number (EIN)	Ach_Master.Federal_ID#	
13	Street address (including room or suite no.)	Ach_Master.District_Address_1 and Ach_Master.District_Address_2	
14	City or town	Ach_Master.District_City	
15	State or province	Ach_Master.District_State	
16	Country and ZIP or foreign postal code	Ach_Master.District_Zipcode	
PART III			
17	Issuer or Other Coverage Provider (see instructions on page two of the sample form)	*This information is based off the parameter selected on the report. Insurance Coverage (selected on parameter screen)	
18	Name	Employer Coverage (selected on parameter)	Vendor.Vendor_Name
19	Employer identification number (EIN)	Ach_Master.District_Name	Vendor.Vendor_Fed_ID
20	Contact telephone number	Ach_Master.Federal_ID#	Vendor.SS_or_Fed_ID
21	Street address (including room or suite no.)	Ach_Master.District_Phone	Vendor.Phone_Number
22	City or town	Ach_Master.District_Address_1, Ach_Master.District_Address_2	Vendor.Address_line1 Vendor.Address_line2 Vendor.Address_line3
23	State or province	Ach_Master.District_City	Vendor.City
24	Country and ZIP or foreign postal code	Ach_Master.District_State	Vendor.State
25	Country and ZIP or foreign postal code	Ach_Master.District_Zipcode	Vendor.Zip_Code
PART III			
23-40	Covered Individuals (Enter the information for each covered individual(s)) - DEPENDENTS		
(a)	Name of covered individual(s)	Employee_Supplemental_Info_2.Dependent_First_Name and Middle_Name and Last_Name	
(b)	SSN	Employee_Supplemental_Info_2.Dependent_SSN	
(c)	DOB (if SSN is not available)	Employee_Supplemental_Info_2.Dependent_DOB	
(d)	Covered all 12 months	Employee_Supplemental_Info_2.Covered_All_12 = "y"	
(e)	Months of coverage		
Jan		Employee_Supplemental_Info_2.Covered_Jan="y"	
Feb		Employee_Supplemental_Info_2.Covered_Feb="y"	
Mar		Employee_Supplemental_Info_2.Covered_March="y"	
Apr		Employee_Supplemental_Info_2.Covered_April="y"	
May		Employee_Supplemental_Info_2.Covered_May="y"	
Jun		Employee_Supplemental_Info_2.Covered_June="y"	
Jul		Employee_Supplemental_Info_2.Covered_July="y"	
Aug		Employee_Supplemental_Info_2.Covered_Aug="y"	
Sep		Employee_Supplemental_Info_2.Covered_Sept="y"	
Oct		Employee_Supplemental_Info_2.Covered_Oct="y"	
Nov		Employee_Supplemental_Info_2.Covered_Nov="y"	
Dec		Employee_Supplemental_Info_2.Covered_Dec="y"	



1095-C FORM EXAMPLE

Link to 1095C form: <https://www.irs.gov/pub/irs-pdf/f1095c.pdf>

600120

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.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2251
2023

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		Employee's Age on January 1						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)													
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2023)

On the 2023 form Parts I and II are on page 1

600320
Page 3

Form 1095-C (2023)

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
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"/>

On the 2023 form, Part III, Dependents are on page 3

1095-C SDS DATA FIELD REFERENCE TABLE

The Employee_SR_2 and Employee_Supplemental_Info_2 tables, referenced below, are named differently in the Employee Horizontal entry drop down boxes to make data entry easier. They are:

- ACA Dependent Information
- ACA Employee Demographics
- ACA Offer and Coverage


The ACA Employee Status Pay and Job (Set Seg) view is a view for districts that are having the third party company Set Seg process their forms. Districts doing their own forms will not use that view.





Form Number	Description	SDS Field
FORM 1095-C	EMPLOYER-PROVIDED HEALTH INSURANCE OFFER AND COVERAGE	
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 (Employer)	
7	Name of employer	
8	Employer identification number (EIN)	
9	Street address (including room or suite no.)	
10	Contact telephone number	
11	City or town	
12	State or province	
13	Country and ZIP or foreign postal code	
PART II	Employee Offer and Coverage	
	Plan Start Month (Enter 2-digit number):	Left blank for 2016
14	Offer of Coverage (enter required code)	
	All 12 Months	Employee_SR_2.Offer_of_Coverage_All_12
	*Jan - Dec (i.e. Offer_of_Coverage_Jan)	Employee_SR_2.Offer_of_Coverage_*ENTER MONTH NAME HERE
15	Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage	
	All 12 Months	Employee_SR_2.Employee_Share_All
	*Jan - Dec (i.e. Employee_Share_Jan)	Employee_SR_2.Employee_Share_*ENTER MONTH NAME HERE
16	Applicable Section 4980H Safe Harbor (enter code, if applicable)	
	All 12 Months	Employee_SR_2.Safe_Harbor_All_12
	*Jan - Dec (i.e. Safe_Harbor_Jan)	Employee_SR_2.Safe_Harbor_*ENTER MONTH NAME HERE
PART III		
17-34	(a) Name of covered individual(s)	Employee_Supplemental_Info_2.Dependent_First_Name and Middle_Name and Last_Name
	(b) SSN	Employee_Supplemental_Info_2.Dependent_SSN
	(c) DOB (if SSN is not available)	Employee_Supplemental_Info_2.Dependent_DOB
	(d) Covered all 12 months	Employee_Supplemental_Info_2.Covered_All_12 = "Y"
	(e) Months of coverage	
	Jan	Employee_Supplemental_Info_2.Covered_Jan="Y"
	Feb	Employee_Supplemental_Info_2.Covered_Feb="Y"
	Mar	Employee_Supplemental_Info_2.Covered_March="Y"
	Apr	Employee_Supplemental_Info_2.Covered_April="Y"
	May	Employee_Supplemental_Info_2.Covered_May="Y"
	Jun	Employee_Supplemental_Info_2.Covered_June="Y"
	Jul	Employee_Supplemental_Info_2.Covered_July="Y"
	Aug	Employee_Supplemental_Info_2.Covered_Aug="Y"
	Sep	Employee_Supplemental_Info_2.Covered_Sept="Y"
	Oct	Employee_Supplemental_Info_2.Covered_Oct="Y"
	Nov	Employee_Supplemental_Info_2.Covered_Nov="Y"
	Dec	Employee_Supplemental_Info_2.Covered_Dec="Y"



Employee Handout – Entry of Dependents into Employee Portal

The instructions below will explain how to enter your dependents into the SDS Employee Portal for ACA reporting.

1. Login **Web Financial Office**
2. Click on **Employee Portal**
3. Click on **Change Basic Information**
4. Click on **ACA Dependent Information**, figure 1
5. Enter their **data**.
 - Note: If you enter a dependent without a last name, the SDS system will add the employee’s last name to the dependent records when the office approves the entry.
 - 1095 forms require a SSN and/or birthdate for each dependent.
6. Click on save . You will see the data shown to the right. Figure 2
7. Additional dependents, click on the +, for new entry area.
8. The office staff will automatically be notified of these new entries and will need to approve before the dependents are added into the data permanently.

Change and Request Options:		Submit changes 	Add Another Item 	Remove Item 
ACA Dependent Information		Dependent Last Name	Cunningham	
Committees		Dependent First Name	Gustav	
Emergency Contact Information		Dependent Middle Name		
		Dependent DOB	07-30-2005 	
		Dependent SSN		

As you enter dependents and click the save diskette, the data will appear on the right of the screen.

Change and Request Options:		Submit changes 	Add Another Item 	Remove Item 
ACA Dependent Information		Dependent Last Name	Cunningham	
Committees		Dependent First Name	Gustav	
Emergency Contact Information		Dependent Middle Name		
		Dependent DOB	7/30/2005	
		Dependent SSN		

Change	Field Name	Current Data	Change To	Id	Name
Delete	Dependent_Last_Name		Cunningham	1074	
Delete	Dependent_First_Name		Gustav	1074	
Delete	Dependent_DOB		7/30/2005	1074	

Once changes are requested via the portal, the office staff will be notified that there are changes to review. If approved, the changes will be added to the database.



What's New in 2023 Regarding ACA Reporting

WHAT IS NEW IN 2023:

At this time, the only change to the forms is that Tax Year 2022 is now going to be Tax Year 2023.

[Release Memo TY 2023 AIR \(irs.gov\)](#)

Mail-in threshold: When filing the 2023 Tax Year forms the threshold has changed from 250 forms to 9. 10 or more forms, in aggregate of other IRS forms, requires that you file electronically. This change effectively requires all school districts to submit their files electronically. Make sure to apply for your TCC ASAP, see link below. It can take up to 45 days to complete.

Deadlines for Tax Year 2023 Forms

Recipient Copy	Paper Filing	Electronic Filing
March 04, 2024	February 28, 2024	April 1, 2024

BIG CHANGE for 2024 Filing Year (2023 Tax Year Forms): Up to 9 forms is the new threshold for paper filing. If your district has 10 or more forms, in aggregate, then you are required to e-file. For example, if an entity issues four 2023 Forms W-2, five 2023 Forms 1095-B, and one 2023 Form 1094-B, then that sum of ten forms means they must file all of them electronically with the IRS when due in 2024. New to e-filing? See next section.

Transmitter Control Code(TCC)- AIR System

Uploading an e-file requires a TCC for the Air System. If you do not have a TCC, Transmitter Control Code for the AIR system you will need to apply. The IRS states that it can take up to 45 days. The TCC that is used for 1099's is used on the IRS's FIRE system and cannot be used to upload the 1095's.

A TCC is specific to a person, so whoever is doing the uploading will need to get their own TCC. It is recommended to have a 2nd person as a backup.

Link to IRS TCC application: [Apply for the Affordable Care Act Application for Transmitter Control Code \(TCC\) | Internal Revenue Service \(irs.gov\)](#)

Contact your Auditor/Accountant/IRS if you have any further questions on this new requirement. Failing to file electronically, when required to do so, will likely result in fines.





SDS University- Year-End Courses Available

Courses for W2, 1099, & 1095 processing are available in SDS University. The courses contain the manual, video access and a live Q&A session. They can be purchased separately or as a bundle. <https://www.sdsuniversity.com/>

