



➤ October 23, 2024

Prepare for 2024 ACA Filing: Here's What You Need to Know



Presentation By:
Joe Aitchison

Before We Begin



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➤ Presenter



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Joe provides Business & HR client advisory services and HR out-source services nationally. He is a Human Resource professional with over thirty years business management and HR consulting experience. He has worked with multi plant International Tier I Automotive Manufacturing, retail, food processing, health care, legal administration and professional services.

Mr. Aitchison is recognized as a leader in human resources and has obtained a lifetime certification as a senior professional in human resource management, SHRM – Senior Certified Professional and Healthcare Reform Specialist by the Healthcare Reform Center & Policy Institute. Mr. Aitchison serves on several for profit and not for profit boards.

➤ What's New and What's Not

2024 Calendar Year Federal Deadline for ACA Form Delivery

- **1095-B / 1095-C** Furnished to all ACA defined full time employees by **March 3, 2025**
- **1094 & 1095** IRS Filings by paper (mail) **February 28, 2025**
- **March 31, 2025** for electronic filers – E-file Form 1094-C and included 1095-Cs with the IRS

State Filings:

Form To EEs

State Filing Date

- | | | |
|-----------------|------------------|--|
| • California | January 31, 2025 | March 31, 2025 <i>(Historically extends to May 31 with no Penalty applied)</i> |
| • Washington DC | March 3, 2025 | April 30, 2025 |
| • Massachusetts | January 31, 2025 | January 31, 2025 |
| • New Jersey | March 1, 2025 | March 31, 2025 |
| • Rhode Island | March 1, 2025 | March 31, 2025 |

E-filing requirement changed for last filing year from 250 1095-C forms filed **to employers having 10 or more forms** to be filed in 2024 (2023 Tax Year). **What this means is most employers needing to file ACA forms will need to file electronically.**

Reference: [IRS and Treasury issue final regulations on e-file for businesses | Internal Revenue Service](#)

➤ ACA State Filing Reference Information

1. California

- <https://www.calpers.ca.gov/page/employers/policies-and-procedures/aca-guidance>
- <https://www.ftb.ca.gov/file/business/report-mec-info/index.asp>

2. Washington, DC

- <https://otr.cfo.dc.gov/sites/default/files/dc/sites/otr/publication/attachments/FAQ%20reporting%20SRP%20Update.3.31.20.pdf>

3. Massachusetts

- <https://www.mass.gov/info-details/health-care-frequently-asked-questions-for-employers#general-questions->
- <https://www.mass.gov/service-details/health-care-reform-for-employers>

4. New Jersey

- <https://nj.gov/treasury/njhealthinsurancemandate/employers.shtml>

5. Rhode Island

- <http://www.ohic.ri.gov/ohic-employers.php>

➤ Small Self-Insured Employers

Non-ALE Employers - (Self Insured / Self Funded) Having fewer than 50 FTEs

Are not required to provide a 1095-B Form to Employees but must:

1. Post on its website that Forms 1095-B are available with contact information to obtain a form
2. Employer must provide a form within 30-days from the request
3. Employer **must file** form 1094-B with 1095-B forms with the IRS

ALE Employers (Self-Insured / Self Funded)

1. Must continue using 1095-C for all full-time employees
2. No penalty for not issuing 1095-B form to “part-time” employees who are covered under the self-insured health plan
 - Notice of 1095-B availability & contact information must be posted on the employer's website
 - 1095-B provided within 30 days of the request
3. IRS reporting requirements must be met

➤ Transition Relief – Good Faith No Longer Available

6721 & 6722 “**Good Faith Effort**” **Transition Relief for 2021 and thereafter** – No longer available for missing TIN and mismatched Name / SSN on 1095-C Forms.

HOWEVER, the IRS will consider “**Reasonable Cause**” Penalty Relief for Errors beyond the employer’s control. If the employer receives a penalty notice, the employer needs to provide information to the IRS that the mismatch is beyond their control – not due to the employer’s mistake or neglect (employee provided false or incorrect information).

1. Review employment records to verify that the SSN is accurate as reported
2. Contact the employee for correction
3. Maintain records on verification requests to employee & provide information to the IRS
4. Other documentation to support errors / omissions were beyond the employer’s control

➤ Affordability Changes

- Employers need to confirm that the employee premium portion for self only coverage is affordable.
 - 2024 affordability percentage is 8.39%
 - 2025 affordability percentage is 9.02%
 - **Box “1” of W-2 Wages – (2F)**
 - 130 hours x Hourly Rate of Pay (at start of the current plan year) – **(2H)**
“or” **lowest pay rate during the month**
 - **Federal Poverty - (1A) Monthly Safe Harbor Rate**
 - 2024 = \$101.93
 - 2025 = \$113.20 (*for Calendar Year Plans*)

Reference: [RP-2024-35 \(irs.gov\)](#)

➤ Common Employer Mistakes

1. **Providing affordable coverage** that meets minimum essential coverage / minimum value (MEC / MV) to all full-time eligible employees
 - Employers often don't understand how to determine affordable coverage
2. **Manage employees by class of employees**
 - Who is Full time
 - Who is Part time
 - Who is a Seasonal Employee?
 - Difference between Seasonal "Employee" / Seasonal "Worker"
 - Variable Hour Employees
3. **Actively manage employee eligibility** for the entire calendar year
4. **Timely offer Affordable MEC/MV Health Benefits to full time employees** (working 30 or more hours weekly)

➤ Common Employer Mistakes


120118

Form **1094-C** **Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns** CORRECTED OMB No. 1545-2251

Department of the Treasury Internal Revenue Service **2024**
Go to www.irs.gov/Form1094C for instructions and the latest information.

Part I Applicable Large Employer Member (ALE Member)

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

For Official Use Only


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

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

Part II ALE Member Information

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

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

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

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

Signature _____ Title _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form **1094-C** (2024)

Common Employer Mistakes Part I

Employer Information

- Don't use DBA

Part II

Common Mistakes

Check for instructions & forms:
[Forms and Pubs Index Search | Internal Revenue Service \(irs.gov\)](#)

➤ Common Employer Mistakes

120218

Form 1094-C (2024) Page 2

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

Form 1094-C (2024)

Common Employer Mistakes Part III

Employer Information

- **How to count employees –** Why PR records need to be maintained w/ hire & term dates – (Full time / Part time status)

➤ Common Employer Mistakes

120316

Form 1094-C (2024)

Page 3

Part IV Other ALE Members of Aggregated ALE Group

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

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

Form 1094-C (2024)

Common Employer Mistakes

Part IV ALE Member Information

- Common Ownership Rules Apply
 - 80% Common Ownership
 - Includes family members (brother, sister, spouse, parent, etc.)
- List ALE with highest number of employees first
- List all ALE members

➤ Minimum Value & Minimum Essential Coverage Plan

Minimum Value

An employer-sponsored plan provides **minimum value** if it **covers at least 60%** of the total allowed cost of **benefits that are expected** to be incurred under the plan. (Reference IRS Notice: 2014-69)

Minimum Essential Coverage is the **mandatory coverage that employers must offer employees regardless of their health status** or plan type **to meet ACA requirements**. Sometimes referred to as Essential Health Benefits (EHBs).

ACA qualifying Health Plans must include the following 10 essential benefits:

1. Laboratory services
2. Emergency services
3. Prescription drugs
4. Mental health/substance abuse
5. Maternity and newborn care
6. Pediatrics services, including oral and vision care
7. Rehabilitative and habilitative services and devices
8. Ambulatory patient services
9. Preventive/wellness services and chronic disease management
10. Hospitalization

*Note: Not sure if your plan meets MEC / MV to Employees & Dependents...
Check your Summary of Benefits & Coverage (SBC)*

➤ Common Employer Mistakes

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

OMB No. 1545-2251

CORRECTED

2024

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** (2024)

Common Employer Mistakes

Employee Information

- Not using Employee's Formal Name

Line 14 Common Miscoding

Line 15 Common Mistakes

Line 16 Common Miscoding

For Line 14 & Line 16 Codes reference the 1095-C Form Instructions:

- [About Form 1095-C, Employer-Provided Health Insurance Offer and Coverage | Internal Revenue Service \(irs.gov\)](https://www.irs.gov/efile/1095-c-employer-provided-health-insurance-offer-and-coverage)

➤ ACA 1095-C 2024 Line 14 Codes

1A. Qualifying Offer: Minimum essential coverage providing minimum value offered to full-time employee with Employee Required Contribution equal to or less than 9.5% (as adjusted) of mainland single federal poverty line and at least minimum essential coverage offered to spouse and dependent(s). (ENTIRE YEAR only Code)

1B. Minimum essential coverage providing minimum value offered to employee only.

1C. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) (not spouse).

1D. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to spouse (not dependent(s)). Do not use code 1D if the coverage for the spouse was offered conditionally. Instead, use code 1J.

1E. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage offered to dependent(s) and spouse. Do not use code 1E if the coverage for the spouse was offered conditionally. Instead, use code 1K.

1F. Minimum essential coverage NOT providing minimum value offered to employee; employee and spouse or dependent(s); or employee, spouse, and dependents.

1G. Offer of coverage for at least one month of the calendar year to an individual who was not an employee for any month of the calendar year or to an employee who was not a full-time employee for any month of the calendar year (which may include 1 or more months in which the individual was not an employee) and who enrolled in self-insured coverage for 1 or more months of the calendar year. (ENTIRE YEAR only code)

1H. No offer of coverage (employee not offered any health coverage or employee offered coverage that is not minimum essential coverage, which may include 1 or more months in which the individual was not an employee).

1I. Reserved for future use.

1J. Minimum essential coverage providing minimum value offered to employee and at least minimum essential coverage conditionally offered to spouse; minimum essential coverage not offered to dependent(s). (See [Conditional offer of spousal coverage](#), earlier, for an additional description of conditional offers.)

1K. Minimum essential coverage providing minimum value offered to employee; at least minimum essential coverage offered to dependents; and at least minimum essential coverage conditionally offered to spouse. (See [Conditional offer of spousal coverage](#), earlier, for an additional description of conditional offers.)

1L. Individual coverage HRA offered to employee only with affordability determined by using employee's primary residence location ZIP code.

1M. Individual coverage HRA offered to employee and dependent(s) (not spouse) with affordability determined by using employee's primary residence location ZIP code.

1N. Individual coverage HRA offered to employee, spouse, and dependent(s) with affordability determined by using employee's primary residence location ZIP code.

1O. Individual coverage HRA offered to employees only using the employee's primary employment site ZIP code affordability safe harbor.

1P. Individual coverage HRA offered to employee and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

1Q. Individual coverage HRA offered to employee, spouse, and dependent(s) using employee's primary employment site ZIP code affordability safe harbor.

1R. Individual coverage HRA that is NOT affordable offered to employee; employee and spouse, or dependent(s); or employee, spouse, and dependents.

1S. Individual coverage HRA offered to an individual who was not a full-time employee.

1T. Individual coverage HRA offered to employee and spouse (not dependents) with affordability determined using employee's primary residence location ZIP code.

1U. Individual coverage HRA offered to employee and spouse (not dependents) using employee's primary employment site ZIP code affordability safe harbor.

Individual HRA ACA Affordability Determination

ICHRA affordability is important – affects the employee ability to obtain a tax credit on the exchange - unaffordable subjects the employer to a 4980H tax penalty.

- If an ICHRA is “affordable”, employees are not eligible for tax credits (PTC)
- If an ICHRA is “unaffordable”, employees can choose either the ICHRA or tax credits (PTC)
- Safe harbors to determine household income?

➤ 1095-C Line 16 Codes

Line 16 Indicator Code (same as 2023)

Code/Line 16	Definition
2A	Employee not employed during the month. Enter code 2A if the employee was not employed on any day of the calendar month. Do not use code 2A for a month wherein the individual was an employee of the employer on any day of the calendar month. Do not use code 2A for the month during which an employee terminates employment with the employer.
2B	Employee not a full-time ("FT") employee. Enter code 2B if the employee is not a FT employee for the month and did not enroll in MEC, if offered for the month. Enter code 2B also if the employee is a FT employee for the month and the offer of coverage (or coverage if the employee was enrolled) ended before the last day of the month solely because the employee terminated employment during the month (so that the offer of coverage or coverage would have continued if the employee had not terminated employment during the month).
2C	Employee enrolled in coverage offered. Enter code 2C for any month in which the employee enrolled in health coverage offered by the employer for each day of the month, regardless of whether any other Code in Code Series 2 (other than code 2E) might also apply (for example, the code for the affordability safe harbor, had the employee declined enrollment in the coverage). Do not enter 2C in line 16 if code 1G is entered in the All 12 Months Box in line 14 because the employee was not a FT employee for any months of the calendar year. Do not enter code 2C in line 16 for any month in which a terminated employee is enrolled in COBRA continuation coverage (enter code 2A instead).
2D	Employee in a Limited Non-Assessment Period ("LNP"). Enter code 2D for any month during which an employee is in a LNP.
2E	Multiemployer interim rule relief. Enter code 2E for any month for which the multiemployer arrangement interim guidance applies for that employee, regardless of whether any other code in Code Series 2 (including code 2C) might also apply. See Form 1095-C instructions for more details.
2F	Affordability Form W-2 safe harbor. Enter code 2F if the employer used the Form W-2 safe harbor to determine affordability for this employee for the year. If an employer uses this safe harbor for an employee, it must be used for all months of the calendar year for which the employee is offered health coverage.
2G	Affordability FPL safe harbor. Enter code 2G if the employer used the FPL safe harbor to determine affordability for this employee for any month(s).
2H	Affordability rate of pay safe harbor. Enter code 2H if the employer used the rate of pay safe harbor to determine affordability for this employee for any month(s).

➤ ALE Determination / FTE Count

ALE - FTE Calculation

- An employee with 130 or more hours per month is considered FT for the month for purposes of determining whether an offer of coverage is required.
- An employee with 120 hours or more per month is considered FT for the month for **purposes of determining ALE status**.
- The hours of all employees with less than 120 hours per month are added and then divided by 120 to determine the total FTEs for purposes of determining ALE status.

ALE Calculation

- Add each month's total FT and FTE counts for all 12 months in the preceding tax year and divide by 12. Round down to get your ALE status.
- If the result is 50FT/FTE or greater, then you are an ALE.

➤ The Payroll Challenges

1. Maintain current employee addresses on file
2. Understand that the SSN verification system for ACA reporting is **“not the same”** as it is for Payroll (more restrictive – less forgiving)
 - Employee Name
 - As it appears on the SS Card should be used for payroll purposes (potential rejection, especially for foreign nationals)
3. Maintain “accurate” Hire & Termination Dates as part of EE payroll record
 - Inactive employee status does not transition over to ACA filing
4. Maintain Employee Status Information Uniformly
 - Full time / Part time / Seasonal Worker / Seasonal Employee / Variable Hour Employee
 - Change employee status as applicable on payroll records – **by date of event**
5. Uniformly cross reference job titles with Employee Status or Classes:
 - Examples: Manager FT / Manager PT; Hourly. Maintenance FT or PT
 - Define part time as less than 30 hours weekly

➤ From the Employer Side

So, an employee goes to the Exchange – What happens next?

1. IRS is reviewing / auditing past employer filings

- Started in 2016 and now reviewing 2021 - 2022 filings
- Issuing penalties for no filing & failing to provide 1095-C forms to employees
- **2024 – IRS will continue reviewing 2021 & 2022 and soon start on 2023 filings / failing to file.**
- If captured during an IRS internal review – inaccuracies in employer 1094-C may trigger a review of the State Exchange Data files (for employees who opted for health benefits from the exchange and received a subsidy)

2. Employees who went to the exchange and received a subsidy and indicated the employer did not make them an affordable offer of coverage

- Was the employee full time or part time?

3. Did the employer file a 1094-C w/ 1095-C forms?

- If FT, then there is a possibility the employer will receive an IRS penalty notice
- **So how does the IRS know if I was supposed to file a 1094-C or not?**
 - Employer federal business tax records and state payroll records are clear indicators on the “estimated” number of employees working for an employer. IRS will review **the W-3 report filed by the employer to determine W-2 count for penalty purposes if no 1094-C was filed with the IRS.**
 - Information reported by Fed/State Exchanges – who obtained coverage from the exchange and received a subsidy

➤ Employer Shared Responsibility Payment (ESRP)

ESRP Notices | ACA *What happens if...*



The IRS uses the Affordable Care Act Compliance Validation (**ACV**) system to automatically identify non-compliant ALEs. This system cross references employer Tax forms including W-3 Forms and W-2 EE forms filed with the IRS.

➤ Employer Shared Responsibility Provisions

ALEs must:

Offer **Affordable** Minimum Essential Coverage (MEC) health coverage providing value to their full-time (FT) employees and at least Minimum Essential Coverage to their dependents

OR

Potentially be subject to an employer shared responsibility payment

Employer Shared Responsibility Annual Assessments			
	4980H(a) – Failure to offer coverage	4980H(b) – Failure to offer affordable, minimum-value coverage	Affordability threshold under 4980H(b)
2025	\$2,900 / \$241.67	\$4,350 / \$362.60	9.02%
2024	\$2,970 / \$247.50	\$4,460 / \$371.67	8.39%
2023	\$2,880 / \$240.00	\$4,320 / \$360.00	9.12%
2022	\$2,750 / \$229.17	\$4,120 / \$343.33	9.61%
2021	\$2,700 / \$225.00	\$4,060 / \$338.33	9.83%
2020	\$2,570 / \$214.17	\$3,860 / \$321.67	9.78%
2019	\$2,500 / \$208.33	\$3,750 / \$312.50	9.86%
2018	\$2,320 / \$193.33	\$3,480 / \$290.00	9.56%

Liability exists if employer (ALE):

“A” Penalty 4980H(a):

- Applies if an employer doesn't offer coverage to at least 95% of full-time employees and their dependents.
- The penalty is calculated based on the total number of full-time employees, minus the first 30

or

“B” Penalty 4980H(b):

- Applies if the coverage offered is not affordable or doesn't provide minimum value.
- The penalty is calculated for each full-time employee who receives a premium tax credit for purchasing coverage through the Marketplace.

If both the “A” penalty (for not offering coverage to at least 95% of full-time employees) and the “B” penalty (for offering coverage that is not affordable or does not provide minimum value) are applicable, the employer will pay the lesser of the two penalty amounts.

➤ IRS Enforcement of Pay or Play Penalty – Letter 226J

- In most cases, the employers who are receiving the notices* appear to have inaccurately completed their IRS Form 1094-C regarding whether or not the employer offered coverage to an individual employee or at least 95% of its full-time employees

* Initial tax penalty notices sent to employers are “inquiries” and not an actual penalty

➤ IRS Enforcement of Pay or Play Penalty – Letter 226J

- The IRS notice will list one or more employees who went to the exchange and received a premium tax credit, triggering the penalty (Form 14765 received with 226J Letter)
- If the “a” penalty does not apply, the employer can still be subject to the “b” penalty for each full-time employee who was not offered affordable, minimum value coverage and who received a premium tax credit

➤ ESRP Assessment and Payment

- **IRS will send the Employer an inquiry notice**
- IRS will check to see if the Employer filed a 1094-C Form for that year (*most likely 2020*)
- **A 226J Letter** – Notice w/ “Proposed” penalty amount will be sent to the employer
Employer has 30 days to respond (can be extended an additional 30 days)
- **Form 14764** – Opportunity to agree, reduce penalty or state no penalty due & to identify an authorized representative to contact IRS
Optional – Form 2848 POA (can be used but not necessary to respond to the 226J Notice)
- **Form 14765** – Lists Employees who went to the exchange & received a subsidy

Note: If Employer fails to respond to the 226J Letter / Notice the IRS will

- Send a reminder notice allowing 15 days to respond
- Assess the **(a)** or **(b)** penalty – based on the information provided on the filed 1094-C form

➤ ESRP Assessment and Payment

Dear Employer,

We have made a preliminary calculation of the Employer Shared Responsibility Payment (ESRP) that you owe.

Proposed ESRP **\$2,678,000.00**

Our records show that you filed one or more Forms 1095-C, Employer-Provided Health Insurance Offer and Coverage, or more Forms 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage, for one or more months of the year at least one of the full-time employees was certified as being allowed the premium tax credit (PTC) on his or her individual income tax return information. We are proposing that you owe an ESRP for one or more months of the year.

You generally owe an ESRP for a month if either:

- You did not offer minimum essential coverage (MEC) to at least 70% of your full-time employees and at least one of your full-time employees was certified as being allowed the PTC on his or her individual income tax return information.

ESRP Summary Table

Month	Information Reported to IRS						g. Monthly ESRP amount
	a. Form 1094-C, Part III, Col (a) Minimum essential coverage offer indicator offered to at least 70%	b. Form 1094-C, Part III, Col (b) Full-time employee count for ALE member	c. Allocated reduction of full-time employee count for IRC Section 49801(a)	d. Count of assessable full-time employees with a PTC for IRC Section 49801(a)	e. Count of assessable full-time employees with a PTC for IRC Section 49801(b)	f. Applicable IRC Section 49801 provision	
Jan	No	1,575	30	5	-	49801(a)	\$ 267,800.00
Feb	No	1,575	30	17	-	49801(a)	\$ 267,800.00
March	No	1,575	30	18	-	49801(a)	\$ 267,800.00
Apr	No	1,575	30	13	-	49801(a)	\$ 267,800.00
May	No	1,575	30	7	-	49801(a)	\$ 267,800.00
June	No	1,575	30	5	-	49801(a)	\$ 267,800.00
July	No	1,575	30	2	-	49801(a)	\$ 267,800.00
Aug	No	1,575	30	1	-	49801(a)	\$ 267,800.00
Sep	No	1,575	30	1	-	49801(a)	\$ 267,800.00
Oct	No	1,575	30	1	-	49801(a)	\$ 267,800.00
Nov	No	1,575	30	-	-		\$ -
Dec	No	1,575	30	-	-		\$ -
Total Proposed ESRP							\$ 2,678,000.00

Letter 226J
Catalog Number 67905G

➤ ESRP Assessment and Payment

Indicate Your Agreement or Disagreement		
Agreement with proposed assessment		
<input type="checkbox"/> I consent to the assessment and collection of the proposed assessment of the ESRP in the amount of \$2,678,000.00.		
Signature	Date	
Print name and title of the person who signed above		
Partial/Total disagreement with proposed assessment		
<input type="checkbox"/> I disagree with part or all of the proposed assessment of the ESRP		
Indicate Your Payment Option <i>(Check all that apply)</i>		
<input type="checkbox"/> Full payment using EFTPS on _____		
<input type="checkbox"/> Partial payment using EFTPS on _____		
<input type="checkbox"/> Enclosed full payment of \$2,678,000.00		
<input type="checkbox"/> Enclosed partial payment of \$ _____		
<input type="checkbox"/> No payment		
<ul style="list-style-type: none">• Write your employer ID number 20-5219209, the tax year 2015 and ESRP on your payment and any correspondence.• Make your check or money order payable to the United States Treasury.		
Catalog Number 68861Z	www.irs.gov	Form 14764

➤ 5699 Letter - Reporting Penalties

- IRS can assess **\$290 penalty per return (TY-2024)** for late, incomplete or incorrect forms
- IRS can assess another **\$290 penalty (TY-2024)** for failure to provide a 1095 form to employees
- IRS granted relief for incomplete or incorrect returns for prior years if good faith effort
- **2020 filing was the final year** for Good Faith Relief
- **HOWEVER**, Relief is available for good Cause (reasons) for errors or failed filings.

Year due	Up to 30 days late	31 days late through August 1	After August 1 or not filed	Intentional disregard
2025	\$60	\$130	\$330	\$660
2024	\$60	\$120	\$310	\$630
2023	\$50	\$110	\$290	\$580
2022	\$50	\$110	\$280	\$570
2021	\$50	\$110	\$280	\$560
2020	\$50	\$110	\$270	\$550

Penalty Relief guidance

[Penalty Relief due to First Time Abate or Other Administrative Waiver | Internal Revenue Service](#)

[Information Return Penalties | Internal Revenue Service \(irs.gov\)](#)

➤ IRS 5699 Letter / 5698 Follow-up Letter

What happens if I did not file a 1094-C in past years (2017 ~ 2023)

➤ Am I in IRS Trouble? Answer: Maybe yes / maybe no ...

IRS is reviewing employer W-3s – based on number of W-2 issued to determine if there should be a 1094-C on file for that employer for the year. **Current years under review 2021 & 2022.**

OR


An employee went to the exchange and obtained coverage and possibly a subsidy, telling the exchange that you (the employer) did not offer them affordable health benefits.

➤ The IRS is checking individuals who went to an exchange and received a subsidy – back checking their employer filings to determine if a 1094-C was filed for that year.

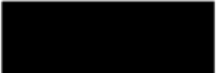
What happens next: IRS 4980H Unit issues a 5699 “Inquiry” letter to the Employer – if the employer does not respond to the 5699 letter, a follow up IRS letter (5698) will be sent. If the employer fails to respond to this letter a **5005A Letter** will be sent to the employer (failure to file/ failure to provide EE with 1095-C form).

If the employer files late (Mandated Deadlines) the **IRS Penalty Division** can issue a **972CG Penalty Notice** followed by a **CP215 Notice**

➤ IRS 5699 Letter


Department of the Treasury
Internal Revenue Service
 1973 North Rulon White Boulevard
 Ogden, UT 84201-0062

Date: August 22, 2018
Taxpayer ID number: 27-2440521
Tax year: 2016
Person to contact: 498031 Response Unit
Contact ID number: 12698
Contact telephone number: 877-671-4712
Contact e-mail number: 877-762-6723



Dear Employer:

Our records show you may have been an Applicable Large Employer (ALE) in 2016 and therefore required to file certain information returns for 2016. We haven't received those returns for the taxpayer ID number shown at the top of this letter.

Internal Revenue Code (IRC) Section 6056 requires employers that are ALEs to file information returns with the IRS and provide statements to their full-time employees relating to the health insurance coverage, if any, the employer offered its full-time employees. ALEs meet these reporting requirements using Form 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Return, and Form 1095-C, Employer-Provided Health Insurance Offer and Coverage.

How to know if you're required to file

In general, an employer is an ALE for a year (and thus subject to the reporting requirements) if it had an average of 50 or more full-time employees (including full-time equivalent employees) during the preceding calendar year. For this purpose, there are specific definitions of full-time employee and full-time equivalent employee, exceptions for certain seasonal workers and employees with TRICARE or Veterans Administration health coverage, and specific rules for employers that are members of an aggregated group under IRC §§ 414(b), (c), (m) or (o). For more information on these rules and other information about how to determine if you were an ALE in 2016, visit the ACA Information Center for Applicable Large Employers (ALEs) at www.irs.gov, keyword "ALEs."

Employers required to file at least 250 Forms 1095-C generally must file electronically. Other employers may file either electronically or on paper. You can find the 2016 Forms 1094-C and 1095-C and Instructions for Forms 1094-C and 1095-C, which includes information on how to file returns with the IRS, at www.irs.gov (at the top of the screen select "Forms & Pubs," under the "Browse" heading choose "List of Prior Year Forms & Pubs" and in the "Find" box enter "1094-C" or "1095-C," as applicable).

Letter 5699 (Rev. 6-2018)
Catalog Number 6636P

What you must do

Check the box below that applies and mail your response to us to the address shown at the top of this letter within 30 days from the date of this letter.

I was an ALE for calendar year 2016 and already filed Form 1094-C and Forms 1095-C with the IRS using the following name _____ and employer identification number (EIN) _____ on date _____.

I was an ALE for calendar year 2016 and have included my Form 1094-C and Forms 1095-C with this letter. (Do not use this box if you are required to file electronically.) (Explain reasons for late filing below under "Other")

I was an ALE for calendar year 2016 and **will file my Form 1094-C and Forms 1095-C with the IRS** using the following name _____ and EIN _____ by date _____. (If more than 90 days from the date of this letter, explain below under "Other") (Explain reasons for late filing below under "Other")

I was not an ALE for calendar year 2016. Explain reasons below under "Other".

Other (Indicate below or attach a statement explaining why you haven't filed the required returns and any actions you plan to take.)

Senior management was not aware that the 1094-C was not completed - We have contracted with a 3rd party to completed they filing within the next 90 days.

If you're required to file and furnish information returns under IRC Section 6056, failure to do so may result in the assessment of penalties under IRC Section 6721 for failure to file and IRC Section 6722 for failure to furnish information returns.

When responding to this letter, please include your contact information, including a daytime telephone number and the best hours to reach you.


If you have questions, please use the contact information at the top of the first page of this letter.

Sincerely,

Shan Montoya
Operation Manager

Letter 5699 (Rev. 6-2018)
Catalog Number 6636P

➤ 5698 IRS Follow-up Letter

 Department of Treasury
Internal Revenue Service
1973 North Rulon White Boulevard
Ogden, UT 84201-0062

Date: 9/13/2018
Taxpayer ID number (last 4 digits): XX-XXX8743
Tax year: 2016
Person to contact: 49801 Response Unit
Employee ID number: Letter 5699
Contact telephone number: 877-571-4712
Contact e-fax number: 877-792-2723

[Redacted]

Dear [Redacted]

We haven't received your response to our Letter 5699, Missing Information Return Form 1094/1095-C, which we sent on Jul 12, 2018. We need your response so we know how to correctly proceed.

Please complete the section under "What you must do" on the enclosed copy of Letter 5699, and return it to us within 30 days from the date of this letter. When you respond, include a name and telephone number of the person we can contact if we have questions about your response.

If you're required to file and furnish information returns and statements under Internal Revenue Code (IRC) Section 6056, failure to do so may result in the assessment of penalties under IRC Section 6721 for failure to file information returns and Section 6722 for failure to furnish information statements.

Please use the contact information above if you have questions.


Thank you for your cooperation.

Sincerely,
Shan Montoya
Shan Montoya
Operation Manager

Enclosure:
Letter 5699

Letter 5698 (Rev. 8-2018)
Catalog Number 60385E

➤ CP220J IRS Penalty Notice



Department of the Treasury
Internal Revenue Service
Group 2219
7300 Parkway Road Suite 410
Florence, KY 41042

038176.753051.451085.15555 2 AD 0.408 1371
[Barcode]

[Redacted]

Notice CP220J

Tax period December 31, 2015

Notice date October 15, 2018

Employer ID number [Redacted]

To contact us Phone 1-800-829-0115

Page 1 of 4

We charged you an employer shared responsibility payment (ESRP)

Amount due: \$174,720.00

We charged you an (ESRP) for the tax period ended December 31, 2015, because in one or more months one of the following occurred:


- You didn't offer Minimum Essential Coverage (MEC) to at least 70% (after 2015 95%) of your full-time employees (and their dependents) and at least one full-time employee received the Premium Tax Credit (PTC).
- You offered MEC to at least 70% (after 2015 95%) of your full-time employees (and their dependents), but at least one full-time employee received the PTC.

To avoid interest charges, pay the amount due by October 29, 2018.

Billing summary

ESRP amount	\$174,720.00
Amount due by October 29, 2018	\$174,720.00

Continued on back.



Payment

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0039

[Redacted]

[Barcode]

- Make your check or money order payable to the United States Treasury.
- Write your Employer ID number (36-4231505), the tax period (December 31, 2015), and "ESRP" on your payment and any correspondence.

Amount due by October 29, 2018

\$174,720.00

364231505 PJ R0HR 43 2 201512 670 0000000000

➤ Penalty Rates

Exhibit 20.1.7-1

IRC 6721 & IRC 6722 Penalty Rates for Large Businesses and Government Entities (Other Than Federal Entities) with Gross Receipts Over \$5 Million (Average annual gross receipts for the most recent 3 taxable years)

Returns Due	Penalty Rate	Not more than 30 days late	31 days late - August 1	After August 1	Intentional disregard**
From 01-01-2025 thru 12-31-2025* (Rev.Proc. 2023-34)	Per return / Max	\$60 / \$664,500	\$130 / \$1,993,500	\$330 / \$3,987,000	\$660 / No max
From 01-01-2024 thru 12-31-2024* (Rev. Proc. 2022-38)	Per return / Max	\$60 / \$630,500	\$120 / \$1,891,500	\$310 / \$3,783,000	\$630 / No max
From 01-01-2023 thru 12-31-2023* (Rev. Proc. 2021-45)	Per return / Max	\$50 / \$588,500	\$110 / \$1,766,000	\$290 / \$3,532,500	\$580 / No max
From 01-01-2022 thru 12-31-2022* (Rev. Proc. 2020-45)	Per return / Max	\$50 / \$571,000	\$110 / \$1,713,000	\$280 / \$3,426,000	\$570 / No max
From 01-01-2021 thru 12-31-2021* (Rev. Proc. 2019-44)	Per return / Max	\$50 / \$565,000	\$110 / \$1,696,000	\$280 / \$3,392,000	\$560 / No max
From 01-01-2020 thru 12-31-2020* (Rev. Proc. 2018-57)	Per return / Max	\$50 / \$556,500	\$110 / \$1,669,500	\$270 / \$3,339,000	\$550 / No max

Reference: (IRP) Notice: [20.1.7 Information Return Penalties | Internal Revenue Service \(irs.gov\)](https://www.irs.gov/irb/2017-17)

Exhibit 20.1.7-2

IRC 6721 & IRC 6722 Penalty Rates for Small Businesses with Gross Receipts Less Than or Equal to \$5 Million (Average annual gross receipts for the most recent 3 taxable years)

Returns Due	Penalty Rate	Not more than 30 days late	31 days late - August 1	After August 1	Intentional disregard**
From 01-01-2025 thru 12-31-2015* (Rev Proc. 2023-34)	Per return / Max	\$60 / \$232,500	\$130 / \$664,500	\$330 / \$1,329,000	\$660 / No max
From 01-01-2024 thru 12-31-2024* (Rev Proc. 2022-38)	Per return / Max	\$60 / \$220,500	\$120 / \$630,500	\$310 / \$1,261,000	\$630 / No max
From 01-01-2023 thru 12-31-2023* (Rev Proc. 2021-45)	Per return / Max	\$50 / \$206,000	\$110 / \$588,500	\$290 / \$1,177,500	\$580 / No max
From 01-01-2022 thru 12-31-2022* (Rev. Proc. 2020-45)	Per return / Max	\$50 / \$199,500	\$110 / \$571,000	\$280 / \$1,142,000	\$570 / No max
From 01-01-2021 thru 12-31-2021* (Rev. Proc. 2019-44)	Per return / Max	\$50 / \$197,500	\$110 / \$565,000	\$280 / \$1,130,500	\$560 / No max
From 01-01-2020 thru 12-31-2020* (Rev. Proc. 2018-57)	Per return / Max	\$50 / \$194,500	\$110 / \$556,500	\$270 / \$1,113,000	\$550 / No max

Before Q&A



HRCI/SHRM
certificate is in
the handout
section



Receive an email
tomorrow with
the certificate &
recording



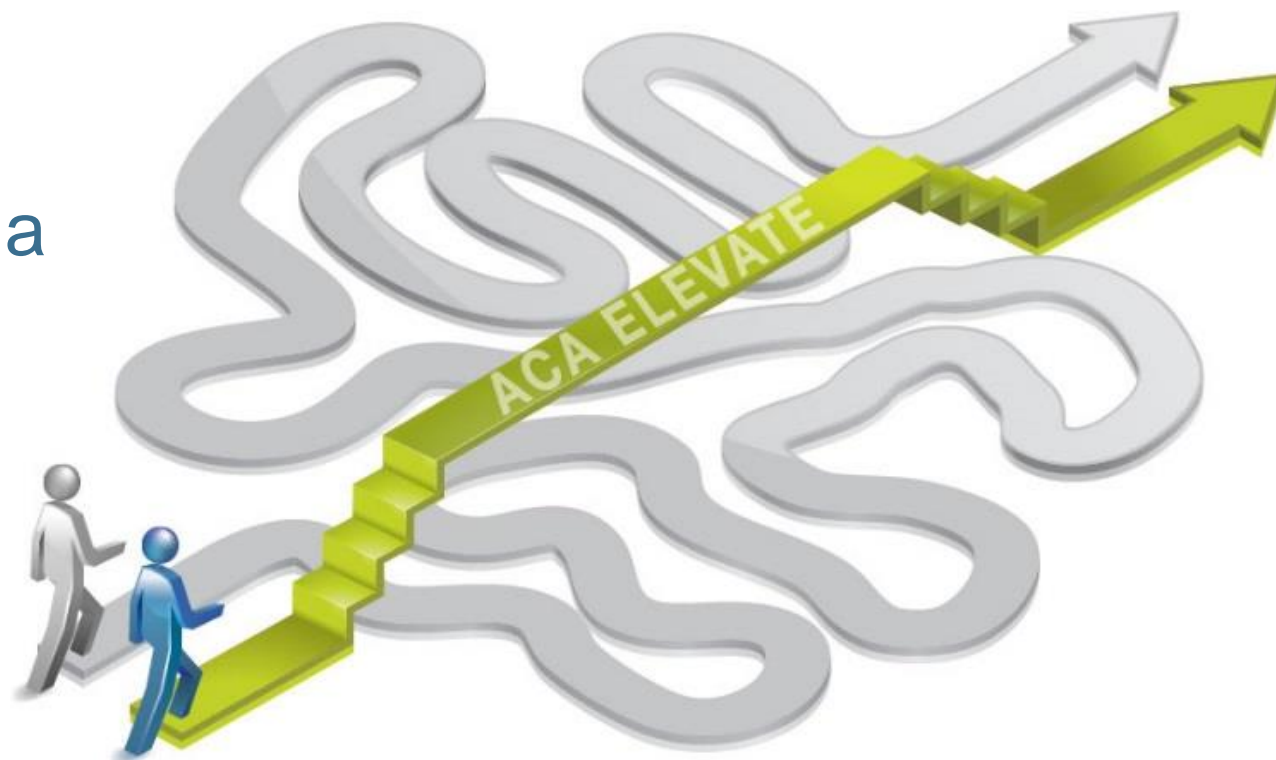
Please
complete the
exit survey

BASIC's ACA Solution



➤ Reporting For Any Employer!

- Self-insured and fully-insured
- Renewing benefits mid-year
- Multiple companies filing as a controlled group
- Union and non-union environments
- Age banded

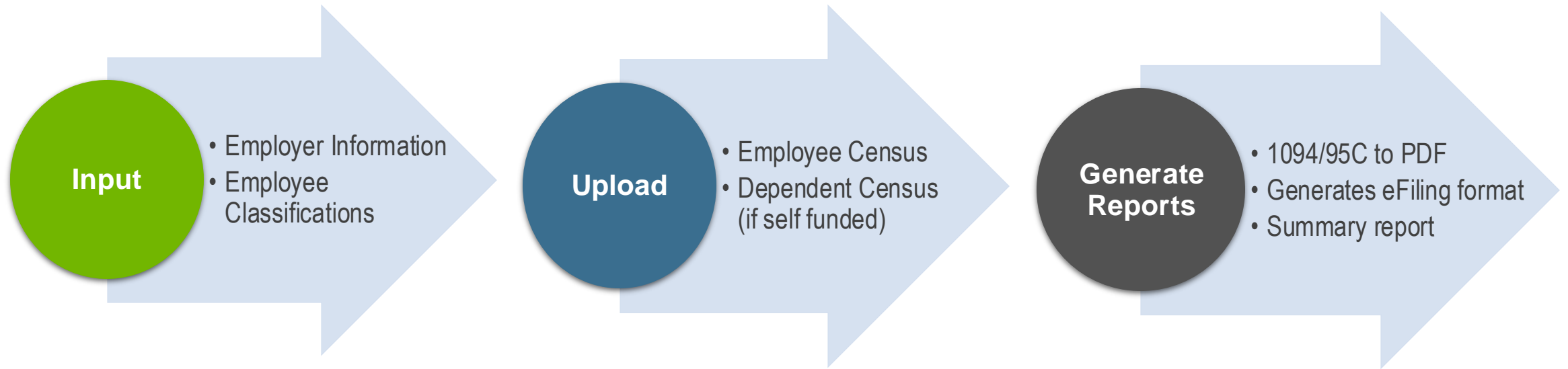


➤ Why ACA Elevate?



- Straightforward 2-part process
- Correct coding done for you!
- Video training/PDF tutorials
- Excellent customer and compliance support guiding you through the process
- BASIC assumes liability for accuracy of the transmittal to the IRS, timing of the employee forms, and accuracy of the information
 - Of course, we can't be held responsible for the data that you or your carrier provide but if we make the error, then we will make it right

➤ ACA Elevate: The Process



➤ ACA Elevate – Mail Option*

- Print and mail to employees' homes

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

VOID
 CORRECTED

OMB No. 1545-2251
2020

Part I Employee

1 Name of employee (first name, middle initial, last name)

2 Social security number (SSN)

3 State or province

4 City or town

5 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

Amount of Coverage		Employee's Age on January 1												Plan Start Month (enter 2-digit number):											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	\$																								
	\$																								

17 ZIP Code

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

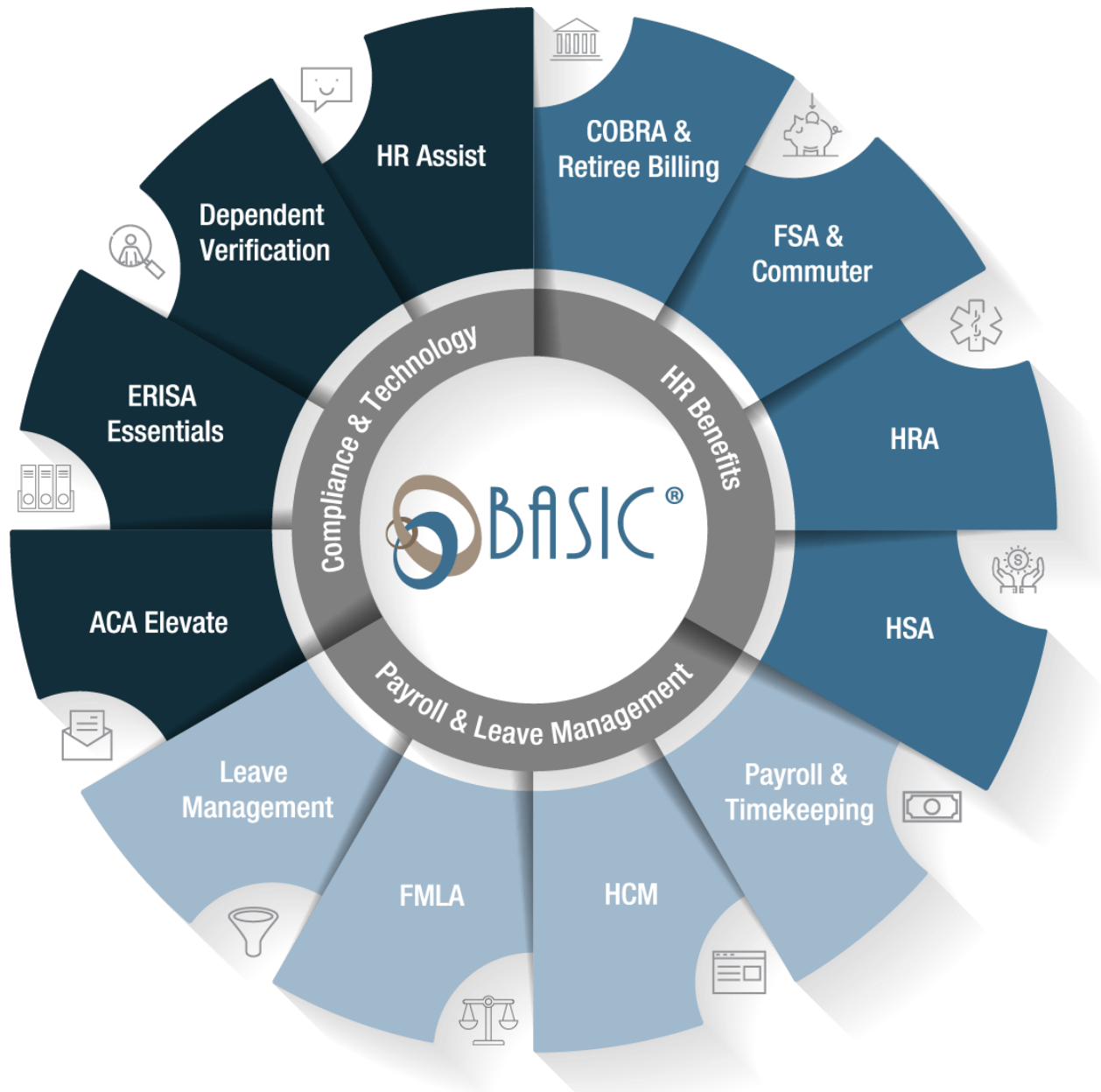
Cat. No. 60705M

Form **1095-C** (2020)

Important Tax Return
Document Enclosed

QUESTIONS





Request a Proposal

For you or your client at this link:

<https://www.basiconline.com/request-a-proposal/>

BASIC Sales
888-602-2742

HR Solutions should be simple. **Keep it BASIC.**

THANK YOU

View our current webinar schedule at
www.basiconline.com/webinar.



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