

Tax Year 2016 / Processing Year 2017
Submission 5C Correction Narratives – (Test Scenarios 5C-0, 5C-2)

This scenario is designed to correct an error on the 1095-C that was identified by the transmitter in the previously submitted Scenario 5-2. Scenario 5C will be submitted as a correction record of a previously accepted original submission. Publication 5165 Section 7 gives additional details on submitting corrections.

Prerequisite: You must submit Scenario 5 and have an “Accepted Acknowledgement” before you can submit Scenario 5C. The information from the “Accepted Acknowledgement” in Scenario 5 will be used to submit the correction.

1094-C Submission Narrative Information

Scenario 5C-0

Part I ALE Information

ALE Name: Darrtestfive

Employer Identification Number (EIN): 00-0000599

Address: 4689 Redwood Avenue, Austin, TX 78755

ALE Point of Contact: Susan Williamson

ALE Point of Contact Phone Number: 5551234567

There is a total of 1 Corrected 1095-C included with this transmittal.

Only complete Part I through line 18.

Signature, title and date can be left blank, as there is no requirement for these elements within TY2016.

1095-C Record Narrative Correction Information

Scenario 5C-0

Correction to Form 1095C Scenario 5-2

It was previously reported that dependent Erica Davichi’s birthdate on file was 2005-12-05 and she was covered for the months of July 1st through December 31st (inclusive). It has now been determined that the correct birthdate should be **2006-12-05** and she was covered for the months from **January 1st to May 31st**.

Part I Employee

Employee: Rose Davichi

SSN: 000-00-0577

Address: 847 Walnut Avenue, Roy, NM 87743

Part II Employee Offer of Coverage

Darrtestfive chooses to enter a Plan Start Month of January (“01”) showing the month in which the plan year begins.

Darrtestfive made an Offer of Coverage to their part-time employee, Rose Davichi, her spouse and dependent from January 1st to December 31st (inclusive).

Darrtestfive has chosen not to include any Safe Harbor Codes.

Note: There are 2 correct ways to complete this form. In this scenario entries for the Offer of Coverage Code should be entered in the All 12 months column.

Part III Covered Individuals

Darrtestfive offers self-insured coverage and will check the checkbox in Part III and list the covered individuals including the employee listed in Part I within this section.

Covered Individuals:

Employee: Rose Davichi 000-00-0577

Spouse: Omar Davichi 000-00-0578

Dependents: Sam Davichi 000-00-0579 and Erica Davichi who's SSN was not on file at Darrtestfive. However, her birthday is listed as **2006-12-05** (YYYY-MM-DD) and this dependent was only covered for the months of **January 1st to May 31st**.