

Tax Year 2016 / Processing Year 2017

Predefined Scenario

Submission 8C Correction Narratives – (Test Scenarios 8C-0, 8C-1)

This scenario is designed to correct an error on the 1095-B that was identified by the transmitter in the previously submitted Scenario 8-1. Scenario 8C 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 8 and have an “Accepted Acknowledgement” before you can submit Scenario 8C. The information from the “Accepted Acknowledgement” in Scenario 8 will be used to submit the correction.

1094-B Submission Narrative Information

Scenario 8C-0

Filer’s Name: Pattttesteight Medicare

Employer Identification Number (EIN): 00-0000810

Name of person to contact: Elizabeth Santanova

Contact telephone number: 5556332273

Address: 65 Willow Lane

City: Baltimore

State of province: MD

Country and ZIP or foreign postal code: 21244

Total number of Forms 1095-B submitted with this transmittal: 1

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

1095-B Record Narrative Information

Scenario 8C-1

Correction to Form 1095B Scenario 8-1

It was previously reported that Kathy’s spouse John Jones was covered under Medicare for the months of March 1st through December 31st (inclusive) and her dependent Grace Jones’s DOB was listed as 2014-01-01. It has now been determined that John Jones was covered by Medicare for the months of **May 1st through December 31st** (inclusive) and that Grace Jones’s DOB is actually **2014-03-01**.

Part I Responsible Individual

Responsible Individual Name: Kathy Jones

Social Security Number (SSN): 000-00-0821

Date of Birth (if no SSN available): not applicable for this scenario

Address: 1724 Hurst Street

City: San Marcos

State: TX

Country and ZIP or foreign postal code: 78666

Enter letter identifying Origin of the Health Coverage: C – Government-Sponsored Program

Part II Information about Certain Employer-Sponsored Coverage – no need to complete this section for this scenario

Part III Issuer or Other Coverage Provider

Filer's Name: Patttesteight Medicare

Employer Identification Number (EIN): 00-0000810

Contact telephone number: 5556332273

Address: 65 Willow Lane

City: Baltimore

State of province: MD

Country and ZIP or foreign postal code: 21244

Part IV Covered Individuals

Kathy and her dependent Grace were covered under the policy for all 12 months from January 1st through December 31st (inclusive). Her spouse John was covered under the policy from **May 1st through December 31st** (inclusive).

Responsible Individual: Kathy Jones 000-00-0821

Spouse: John Jones 000-00-0829

Dependent: Grace Jones's SSN was not on file with Patttesteight Medicare; however her birthday is listed as **2014-03-01** (YYYY-MM-DD).

Note: While it is understood that there are two correct ways to complete Part IV, in this AATS Scenario, please select the "Covered all 12 months" check box rather than entering data in each of the 12 monthly check boxes for Kathy and Grace.