

Tax Year 2017 / Processing Year 2018

Predefined Scenario

Submission 2 Narratives – (Test Scenarios 2-0, 2-1)

Instructions: Prepare a transmission using the Tax Year 2017 1094-B and 1095-B Forms for an issuer of health coverage. In this scenario, Worktesttwo is the issuer who will be reporting health coverage information for one responsible individual. This scenario has also identified that the health coverage was purchased through the SHOP program and will also complete 1095-B Part II Employer-Sponsored Coverage for Workshoptwo.

1094-B Submission Narrative Information

Scenario 2-0

Filer's Name: Worktesttwo

Employer Identification Number (EIN): 00-0000215

Name of person to contact: Fred Lincoln

Contact telephone number: 5555372511

Address: 2277 Holly Place

City: Washington

State of province: DC

Country and ZIP or foreign postal code: 20022

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 TY2017.

1095-B Record Narrative Information

Scenario 2-1 Responsible Individual #1

Part I Responsible Individual

Responsible Individual Name: Vicky Willhelm

Social Security Number (SSN): 000-00-0211

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

Address: 2255 Oak Avenue

City: Dublin

State: OH

Country and ZIP or foreign postal code: 43016

Enter letter identifying Origin of the Health Coverage: A – Small Business Health Options Program (SHOP)

Part II Information about Certain Employer-Sponsored Coverage

Employer Name: Workshoptwo

Employer Identification Number (EIN): 00-0000250

Address: 1095 Cedar Lane

City: Westerville

State or province: OH

Country and ZIP or foreign postal code: 43081

Part III Issuer or Other Coverage Provider

Filer's Name: Worktesttwo

Employer Identification Number (EIN): 00-0000215

Contact telephone number: 5555372511

Address: 2277 Holly Place

City: Washington

State of province: DC

Country and ZIP or foreign postal code: 20022

Part IV Covered Individuals

Vicky and her spouse were covered for at least one day per month for each month January 1st through September 30th (inclusive).

Responsible Individual: Vicky Willhelm 000-00-0211

Spouse: Wilfred Willhelm 000-00-0212