

**Tax Year 2019 / Processing Year 2020**  
**Predefined Correction Scenario**  
**Submission 2C Correction Narratives – (Test Scenarios 2C-0, 2C-1)**

**Instructions:** This scenario is designed to correct an error on the 1095-B that was identified by the transmitter in the previously submitted Scenario 2-1. Scenario 2C 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 2 and have an “Accepted Acknowledgement” before you can submit Scenario 2C. The information from the “Accepted Acknowledgement” in Scenario 2 will be used to submit the correction.

**1094-B Submission Narrative Information**

**Scenario 2C-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 or 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 in TY2019.

**1095-B Record Narrative Information**

**Scenario 2C-1**

**Correction to Scenario 2-1**

It was previously reported that Vicky and Wilfred Willhelm were covered by Worktesttwo, through SHOP, for at least one day per month, during the months of January 1<sup>st</sup> through September 30<sup>th</sup> (inclusive). It has now been determined that they were not covered by this plan in the month of September. They were instead covered by this plan for at least one day per month during the months of **January 1<sup>st</sup> through August 31<sup>st</sup>** (inclusive).

**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**

Both Vicky and her spouse were covered for at least one day per month for each month **January 1<sup>st</sup> through August 31<sup>st</sup>** (inclusive).

**Responsible Individual:** Vicky Willhelm 000-00-0211

**Spouse:** Wilfred Willhelm 000-00-0212