

Tax Year 2018 / Processing Year 2019
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 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 in TY2018.

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 1st through September 30th (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 1st through August 31st** (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 1st through August 31st** (inclusive).

Responsible Individual: Vicky Willhelm 000-00-0211

Spouse: Wilfred Willhelm 000-00-0212