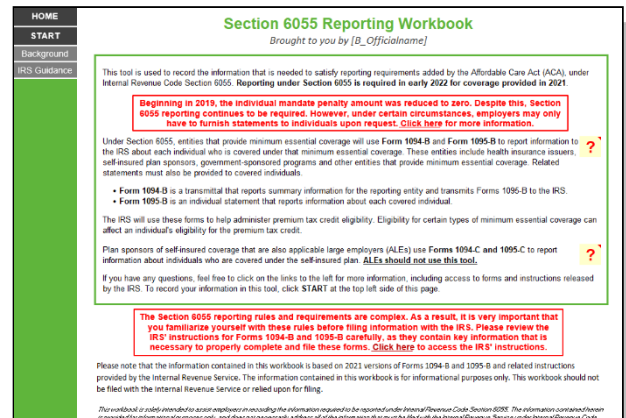


Section 6055 Reporting Workbook Instructional Guide

Step-by-step Instructions for the Section 6055 Reporting Workbook

The Section 6055 Reporting Workbook can be used to help users record the information needed to satisfy reporting requirements added by the Affordable Care Act (ACA), under Internal Revenue Code Section 6055. This reporting provision requires entities that provide minimum essential coverage (MEC) to report information to the IRS and covered individuals about the MEC they provided during the year. Reporting under Section 6055 was first due in early 2016 for coverage offered (or not offered) in 2015. For coverage in 2022, reporting is due in early 2023.



The Section 6055 Reporting Workbook does not generate any IRS forms or complete any sections of IRS forms for reporting entities. Instead, the Reporting Workbook is intended to help reporting entities record and keep track of the information needed in order to do this reporting. The Section 6055 Reporting Workbook should not be filed with the IRS or relied upon for filing. However, please contact HANYS Benefit Services for information on options for completing the paper forms.

Also, please note that the information contained in the Section 6055 Reporting Workbook and this Instructional Guide is based on final versions of forms and instructions provided by the IRS. More information is available in the [Section 6055 final regulations](#), [IRS Q&As](#) and the [final forms and instructions](#). An [Overview of Information Reporting by Providers of Minimum Essential Coverage](#) is also available on the IRS website.

OVERVIEW OF THE SECTION 6055 REPORTING WORKBOOK

The Section 6055 Reporting Workbook is intended to be used by entities that provide MEC, including health insurance issuers, self-insured plan sponsors and government agencies that administer government-sponsored programs. **However, applicable large employers, or ALEs (those subject to the ACA's employer shared responsibility rules) that sponsor self-insured plans will file Form 1094-C and Form 1095-C (instead of Form 1094-B and Form 1095-B) and should not use the Section 6055 Reporting Workbook.**

MEC generally includes government-sponsored programs, eligible employer-sponsored plans, individual market plans and other coverage the Department of Health and Human Services (HHS) designates as MEC. MEC does not include

coverage consisting solely of excepted benefits (such as vision and dental coverage not part of a comprehensive health insurance plan, workers' compensation coverage and coverage limited to a specified disease or illness).

Each page of the Section 6055 Reporting Workbook where information must be entered corresponds to a specific form that must be filed with the IRS under Section 6055. Each page indicates the IRS form number to which the specific information on that page relates. The forms that must be filed with the IRS under Section 6055 include:

- [Form 1094-B](#), which is a transmittal that reports summary information for each reporting entity and transmits Forms 1095-B to the IRS; and
- [Form 1095-B](#), which is an individual statement that reports information about each individual who is covered under the MEC for any part of the year.

This Instructional Guide is divided into sections based on each page of the Section 6055 Reporting Workbook. It provides step-by-step instructions for using the Section 6055 Reporting Workbook, as well as helpful hints and tips. It also provides some limited background information when necessary.

PAGE 1—WELCOME

The *Welcome* page provides a basic overview of the Section 6055 reporting requirements and allows users to easily navigate to other pages of the Reporting Workbook for more information or to begin recording data.



TIP: Helpful hints and useful information are provided throughout the Section 6055 Reporting Workbook. Use your cursor to hover over the red question marks in the Workbook (like the one shown to the left here) to view this information.

HOME

Each page of the Reporting Workbook has a “HOME” button in the upper left corner (indicated either as “HOME” or using this symbol: ). Clicking the “HOME” button will navigate the user to the *Welcome* page.

START

Use the “START” button to begin recording the information needed to satisfy the Section 6055 reporting requirements. Clicking the “START” button will navigate the user to the first page where information must be recorded—the *Form 1094-B: Filer Information* page.

Background

Use the “Background” button to read background information on the Section 6055 reporting requirements. Clicking the “Background” button will navigate the user to the *Background* page, which provides a basic overview of the Section 6055 reporting requirements.

IRS Guidance

Use the “IRS Guidance” button to access official IRS guidance on the Section 6055 reporting requirements. Clicking the “IRS Guidance” button will navigate the user to the *IRS Guidance* page, which contains links to the IRS' final regulations, Q&As, and forms and instructions.

PAGE 2—FORM 1094-B: FILER INFORMATION

The *Form 1094-B: Filer Information* page is used to record all of the information needed to complete Form 1094-B, *Transmittal of Health Coverage Information Returns*. The information recorded on this page includes basic identifier and contact information for the filer (the entity that is required to file under Section 6055). The information recorded on this page is also reported in Part III of Form 1095-B, *Health Coverage*.

The light green box at the top of the *Form 1094-B: Filer Information* page contains instructions for completing this page. This box also contains a link to access detailed information on what qualifies as MEC, as well as the entities that are required to report under Section 6055 for each type of coverage.

Filer Information

Under the “Filer Information” section of the *Form 1094-B: Filer Information* page:

- Enter the filer’s complete name.
- Enter the filer’s nine-digit employer identification number (EIN). If the filer does not have an EIN, it may apply for one online at www.irs.gov, or by faxing or mailing [Form SS-4, Application for Employer Identification Number](#), to the IRS. See the [Instructions for Form SS-4](#) and [Publication 1635, Employer Identification Number](#), for more information.
- Enter the name and telephone number, including area code, of the person to contact who is responsible for answering any questions from the IRS regarding the filing of or information reported on Forms 1094-B or 1095-B.
- Enter the filer’s complete address where all correspondence will be sent. If mail is delivered to a P.O. box and not a street address, enter the box number instead of the street address.

Enter the total number of Forms 1095-B
that will be filed with the Form 1094-B

Then, in the dark green box, enter the total number of Forms 1095-B that will be transmitted with Form 1094-B. In general, one Form 1095-B must be filed for each “responsible individual.”

The “responsible individual” is the person who (based on a relationship to the covered individuals, the primary name on the coverage or some other circumstances) should receive the Form 1095-B individual statement. Generally, the statement recipient should be the taxpayer (tax filer) who would be liable for the individual mandate penalty for the covered individuals, if that person is known. A statement recipient may be: (1) a parent, if only minor children are covered individuals; (2) a primary subscriber, for insured coverage; (3) an employee or former employee, in the case of employer-sponsored coverage; (4) a uniformed services sponsor, for TRICARE; or (5) another individual who should receive the statement. Filers may, but are not required to, furnish a statement to more than one recipient.



Click the “HOME” button to return to the *Welcome* page.



Click the “NEXT” button to continue to the next page—the *Form 1095-B: Responsible Individuals* page.



Click the “BACK” button to return to the previous page.

PAGE 3—FORM 1095-B: RESPONSIBLE INDIVIDUALS

The *Form 1095-B: Responsible Individuals* page is used to record all of the information needed to complete Part I of Form 1095-B, *Health Coverage*. Form 1095-B is used to report certain information to the IRS and to taxpayers about individuals who are covered by MEC. Each entity reporting under Section 6055 must report information on Forms 1095-B about all individuals who are covered under the MEC at any point during the year. In general, one Form 1095-B must be completed for each responsible individual, and must reflect information regarding all of the individuals covered under the MEC that are associated with that responsible individual.

The light green box at the top of the *Form 1095-B: Responsible Individuals* page contains instructions for completing this page. Each step of the instructions is color-coded along with the section of the table on the *Form 1095-B: Responsible Individuals* page to which that step relates. The light green box also contains links to access a page containing detailed information on what qualifies as MEC, and a separate page containing detailed information on when a covered individual's birthdate may be reported in lieu of a Social Security number (SSN) or other taxpayer identification number (TIN).

Name of Responsible Individual (first name, middle initial, last name)	SSN or Other TIN	DOB (if SSN is unavailable)
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The blue section of the table relates to identifying information for each responsible individual. The “responsible individual” is the person who (based on a relationship to the covered individuals, the primary name on the coverage or some other circumstances) should receive the Form 1095-B individual statement. Generally, the statement recipient should be the taxpayer (tax filer) who would be liable for the individual mandate penalty for the covered individuals, if that person is known. A statement recipient may be: (1) a parent, if only minor children are covered individuals; (2) a primary subscriber, for insured coverage; (3) an employee or former employee, in the case of employer-sponsored coverage; (4) a uniformed services sponsor, for TRICARE; or (5) another individual who should receive the statement. Filers may, but are not required to, furnish a statement to more than one recipient.

Under this section:

- Enter the name of each responsible individual (first name, middle initial, last name).
- Enter the nine-digit SSN for each responsible individual (111-11-1111). If the responsible individual does not have an SSN, enter the responsible individual's other TIN. No SSN or other TIN is required if the responsible individual is not covered under the self-insured plan, and therefore is not identified as a covered individual on the *1095-B: Covered Individuals* page.

Reporting entities may truncate the SSN or other TIN, if applicable, of the statement recipient on any statements furnished to individuals, by showing only the last four digits of the SSN or other TIN and replacing the first five digits with asterisks (*) or X's. Truncation of SSNs or other TINs is not allowed on returns filed with the IRS.

- Enter the responsible individual's date of birth (YYYY/MM/DD) only if the SSN or other TIN is unavailable.

Note: Reporting of SSNs or other TINs for all covered individuals is necessary for the IRS to verify an individual’s coverage without the need to contact the individual. If a reporting entity is unable to obtain an SSN or other TIN after making a reasonable effort to do so, the covered individual’s date of birth may be reported in lieu of an SSN or other TIN. **However, a reporting entity may be subject to penalties for failing to report an SSN or other TIN if it cannot demonstrate to the IRS that it properly solicited the SSN or other TIN but did not receive it.** Click the link provided in the light green instructions box of the Reporting Workbook for more information.

Street Address (including apartment #)	City or Town	State or Province	Country and ZIP or Foreign Postal Code
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The orange section of the table relates to contact information for each responsible individual. Under the orange columns of the table, enter the complete mailing address of the responsible individual. If mail is not delivered to the street address and the covered individual has a P.O. box, enter the box number instead of the street address.

Health Coverage Origin

The purple section of the table relates to the origin of the health coverage. Under the purple “Health Coverage Origin” column of the table, select the appropriate letter from the drop-down menu to identify the origin of the health coverage under which each individual is covered. Form 1095-B uses the following letters to identify the health coverage origin:

- A. Small Business Health Options Program (SHOP)
- B. Employer-sponsored coverage
- C. Government-sponsored program
- D. Individual market insurance
- E. Multiemployer plan
- F. Other designated minimum essential coverage
- G. Individual Coverage HRA (ICHRA)

In general, most employers who sponsor self-insured health coverage will select “B. Employer-sponsored coverage.” However, this may not be the case in all circumstances. Click the link provided in the light green instructions box of the Reporting Workbook for more information on each of these types of coverage.



Click the “HOME” button to return to the *Welcome* page.



Click the “NEXT” button to continue to the next page—the *Form 1095-B: Covered Individuals* page.



Click the “BACK” button to return to the previous page.

PAGE 4—FORM 1095-B: COVERED INDIVIDUALS

The *Form 1095-B: Covered Individuals* page is used to record all of the information needed to complete Part IV of Form 1095-B, *Health Coverage*. This part reports certain information to the IRS and to taxpayers about individuals who are covered by MEC and, therefore, are not liable for the individual mandate penalty. In general, this part must reflect

information about all of the individuals covered under the MEC that are associated with the responsible individual reported in Part I of Form 1095-B, **including the responsible individual, if he or she is covered under the plan.**

The light green box at the top of the *Form 1095-B: Covered Individuals* page contains instructions for using this page. Each step of the instructions is color-coded along with the section of the table on the *Form 1095-B: Covered Individuals* page to which that step relates. The light green box also contains links to access a page that provides detailed information on what qualifies as MEC, and a separate page that provides detailed information on when a covered individual's birthdate may be reported in lieu of an SSN or other TIN.

Name of Covered Individual (first name, middle initial, last name)	SSN or TIN	DOB (if SSN is unavailable)
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The blue section of the table relates to identifying information for each covered individual. Under this section:

- Enter the name of each covered individual (first name, middle initial, last name). **List all individuals who are actually enrolled in the MEC for any month during the calendar year, including the responsible individual.**
- Enter the nine-digit SSN or other TIN for each covered individual (111-11-1111). This field may be left blank if the covered individual does not have an SSN or other TIN.

Reporting entities may truncate the SSN or other TIN, if applicable, of the covered individuals on any Forms 1095-B furnished to individuals, by showing only the last four digits of the SSN or other TIN and replacing the first five digits with asterisks (*) or X's. Truncation of SSNs or other TINs is not allowed on returns filed with the IRS.

- Enter a date of birth (YYYY/MM/DD) for a covered individual only if an SSN or other TIN is not available.

Note: Reporting of SSNs or other TINs for all covered individuals is necessary for the IRS to verify an individual's coverage without the need to contact the individual. If a reporting entity is unable to obtain an SSN or other TIN after making a reasonable effort to do so, the covered individual's date of birth may be reported in lieu of an SSN or other TIN. **However, a reporting entity may be subject to penalties for failing to report an SSN or other TIN if it cannot demonstrate to the IRS that it properly solicited the SSN or other TIN but did not receive it.** Click the link provided in the light green instructions box of the Reporting Workbook for more information.

Name of Responsible Individual

The green section of the table relates to the responsible individual. Under this section, select the name from the drop-down menu of the responsible individual who is associated with the covered individual that is listed on that line.

If the responsible individual is covered under the plan:

The responsible individual should be:

- Listed as a covered individual under the blue “Covered Individual” column of the table; AND
- Identified as the responsible individual under the green “Responsible Individual” column of the table.

In addition, this person should be identified as the responsible individual under the green “Responsible Individual” column of the table for any other person that he or she enrolled in the coverage (such as dependent children or spouse).

If the responsible individual is not covered under the plan:

The responsible individual should not be listed under the blue “Covered Individual” column of the table.

Note that the *Form 1095-B: Responsible Individuals* page must be completed first. A responsible individual will not appear in the drop-down menu unless that individual is first entered on the *Form 1095-B: Responsible Individuals* page.

Months of Coverage

The orange section of the table relates to the months during the calendar year that each individual was covered under the MEC. Under this section, enter an “X” in the applicable box(es) for each month in which the individual was covered **for at least one day**.

- If the individual was covered **for at least one day** per month for all 12 months of the calendar year, enter an “X” in the “ALL” box. Do not enter an “X” in any other box. If an “X” is entered in the “ALL” box, the other boxes will be darkened to indicate that information should not be entered in those boxes (illustrated in the example below).

Months of Coverage												
ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
X												

- If the individual was not covered for all 12 months of the calendar year, enter an “X” in the applicable box(es) for each month in which the individual was covered **for at least one day**. Do not enter an “X” in the “ALL” box. If an “X” is entered in a box for any month, the “ALL” box will be darkened to indicate that information should not be entered in the “ALL” box (illustrated in the example below).

Months of Coverage												
ALL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								X	X	X	X	X



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the previous page.

PAGE 4—BACKGROUND

The *Background* page provides an overview of the Section 6055 reporting requirements. It includes basic information about the entities that are required to report under Section 6055, the forms that must be filed and the filing deadlines, as well as information on how the Section 6055 reporting will generally be accomplished.



Click the “HOME” button to return to the *Welcome* page.

PAGE 5—IRS GUIDANCE

The *IRS Guidance* page provides access to official IRS guidance on the Section 6055 reporting requirements. Using the links provided on this page, users can access the Section 6055 final regulations, IRS Q&As and forms and instructions.



Click the “HOME” button to return to the *Welcome* page.

PAGE 6—MINIMUM ESSENTIAL COVERAGE

The *Minimum Essential Coverage* page provides detailed information on what qualifies as MEC for purposes of Section 6055 reporting. It includes detailed descriptions of each type of coverage that must be reported as MEC under Section 6055, as well as the entities that are responsible for reporting under Section 6055 with respect to each type of coverage.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the previous page.

PAGE 7—REPORTING A DATE OF BIRTH IN LIEU OF A SOCIAL SECURITY NUMBER

This page provides an overview of the circumstances under which a reporting entity may report a covered individual’s birthdate in lieu of a Social Security number (SSN) or other taxpayer identification number (TIN).



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the previous page.

PAGE 8—ALTERNATIVE METHOD OF FURNISHING INDIVIDUAL STATEMENTS

This page provides an overview of the alternative method of furnishing statements to individuals under Section 6055.



Click the “HOME” button to return to the *Welcome* page.



Click the “BACK” button to return to the previous page.