

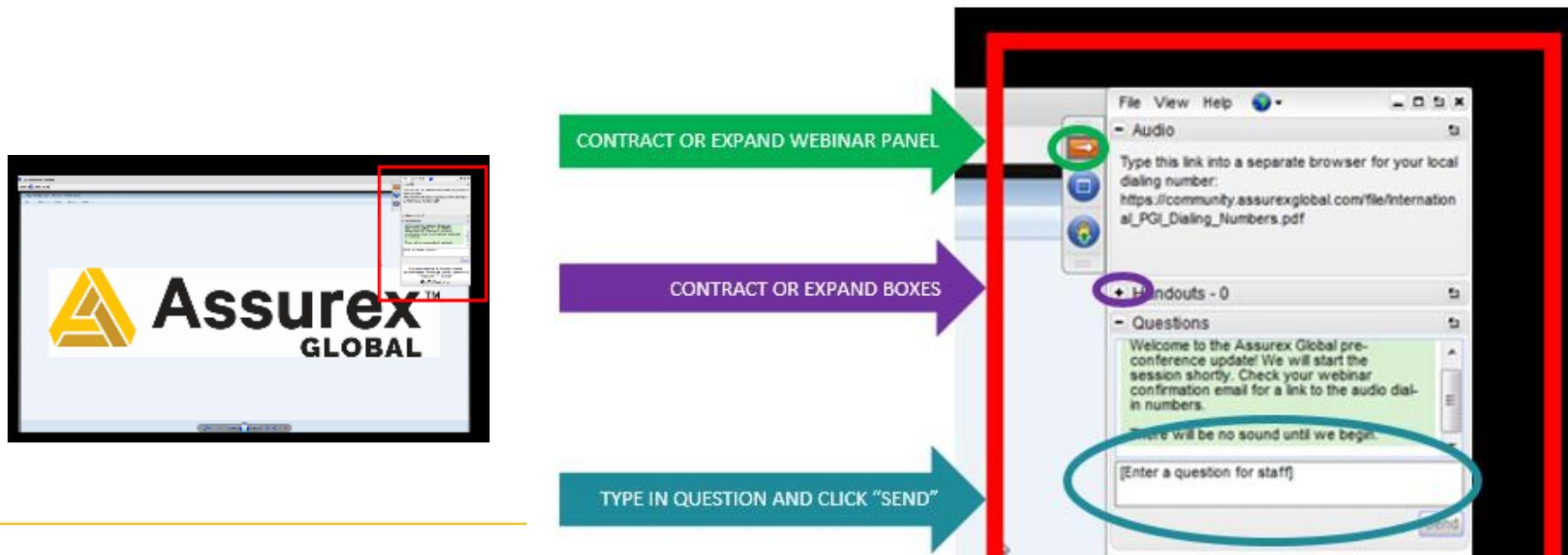
2020

2019 Employer Reporting and How to Avoid IRS §4980H Penalties

Presented by Benefit Comply

2019 Employer Reporting and How to Avoid IRS §4980H Penalties

- Welcome! We will begin at 3 p.m. Eastern
- There will be no sound until we begin the webinar. When we begin, you can listen to the audio portion through your computer speakers or by calling into the phone conference number provided in your confirmation email.
- You will be able to submit questions during the webinar by using the “Questions” or “Chat” box located on your webinar control panel.
- Slides can be printed from the webinar control panel – expand the “Handouts” section and click the file to download.



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- The Mahoney Group
- MJ Insurance
- Oswald Companies
- Parker, Smith & Feek, Inc.
- PayneWest Insurance
- Pritchard & Jerden
- R&R/The Knowledge Brokers
- RCM&D
- The Rowley Agency
- Starkweather & Shepley
- Sterling Seacrest Partners
- Woodruff Sawyer

Agenda

- §4980H – Overview of Requirements
- §6056 – Employer Reporting Requirements
- IRS Collection Efforts

§4980H – Overview of Requirements

§4980H (Employer Mandate) Requirements

- §4980H(a) –
 - Applicable large employers (ALEs) must offer minimum essential coverage (MEC) to at least 95% (or all but 5, if greater) of full-time employees and their dependent children each month
 - Penalty is multiplied by the total number of full-time employees, not counting the first 30, if any full-time employee enrolls through a public Exchange and qualifies for a tax subsidy (receives a PTC)
- §4980H(b) –
 - ALEs must offer coverage that provides minimum value AND is affordable to all full-time employees each month
 - Penalty applies for each full-time employee who enrolls through a public Exchange and qualifies for a tax subsidy (receives a PTC)

§4980H (Employer Mandate) Requirements

- §4980H Penalties
 - Penalties apply on a monthly basis (1/12 of the annual penalty for each month the employer fails to comply)
 - Penalties based on self-reporting via Forms 1094-C and 1095-C

	2015	2016	2017	2018	2019	2020
§4980H(a)	\$2,080 (\$173.33/mo.)	\$2,160 (\$180/mo.)	\$2,260 (\$188.33/mo.)	\$2,320 (\$193.33/mo.)	\$2,500 (\$208.33/mo.)	\$2,570 (\$214.17/mo.)
§4980H(b)	\$3,120 (\$260/mo.)	\$3,240 (\$270/mo.)	\$3,390 (\$282.50/mo.)	\$3,480 (\$290/mo.)	\$3,750 (\$312.50/mo.)	\$3,860 (\$321.67/mo.)

Applicable Large Employers (ALEs)

- Definition of an Applicable Large Employer (ALE)
 - Employer – or group of employers in the same controlled group/affiliated service group – with 50 or more full-time equivalents (FTEs)
 - Considers whether the employer **averaged** 50 or more FTEs over all 12 months of the **previous calendar year**
- Tips for Determining ALE Status
 - Count all employees (including seasonal and union employees)
 - Seasonal worker exception, if applicable, is considered after the average is performed including all employee hours of service
 - For each month, count all hours of service for any employee employed for at least one day during the month
 - “Hours of service” generally include all hours paid or payable with U.S.-source income

Full-Time Employee Status

- Definition of Full-Time
 - 30 or more hours of service per week (130 or more per month)
 - “Hours of service” generally include all hours paid or payable with U.S.-source income
- Choosing a Measurement Method
 - Employers have the option to determine full-time status 2 ways:
 - Monthly Measurement Method – employees with 130 or more hours of service for the month are full-time
 - Look-Back Measurement Method – employees who average full-time over a 3–12 month measurement period are full-time for a corresponding stability period of equal length
 - Employer may only differentiate measurement methods for: (i) hourly vs. salaried employees; (ii) union vs. non-union employees; (iii) employees in different states; or (iv) different entities within a controlled group or affiliated service group

Minimum Essential Coverage (MEC) & Minimum Value

- Minimum Essential Coverage (MEC)
 - Most employer-sponsored group health plans will be considered MEC, even limited medical and preventive-only
- Minimum Value
 - Minimum value is a higher standard than MEC
 - A plan provides minimum value if the plan's share of the total allowed cost of benefits provided to an employee is at least 60% (actuarial value of 60% or better)
 - Whether a plan provides minimum value is required content in the summary of benefits and coverage (SBC)

Affordability

- Affordability

- Coverage is “affordable” if the employee contribution for single medical coverage < a specified percentage of an individual's household income
- Affordability percentages

2015	2016	2017	2018	2019	2020
9.56%	9.66%	9.69%	9.56%	9.86%	9.78%

- Affordability Safe Harbors

- Employer is protected from any potential §4980H(b) penalties if coverage affordable under a safe harbor:
 - Federal poverty level (FPL) safe harbor;
 - Rate of pay safe harbor; or
 - Form W-2 safe harbor
- Different safe harbors may be used per category of employees

§6056 – Employer Reporting Requirements

Employers Required to Report

- **All Applicable Large Employers**
 - A Form 1094-C and 1095-Cs for each full-time employee
 - Always file by EIN
 - Members of an aggregated ALE group report separately, but list each other in Part IV of the Form 1094-C
 - Mergers/Acquisitions
 - No clear guidance
 - No way to report for a partial year
- **Employers Offering Self-Funded Medical Coverage**
 - Small employers report coverage using Form 1094-B and Form 1095-Bs
 - Applicable large employers generally report coverage using Part III of Form 1095-C
 - Change in funding mid-plan year
 - Report coverage only for the months the employer offered self-funded medical coverage

Reporting Timeframes

- 2019 Reporting (Due in Early 2020)
 - Reporting is always handled on a calendar year basis, regardless of plan year
- Individual Statements
 - Form 1095s must be provided to employees and participants by Mar. 2 (delayed from Jan. 31)
 - Forms may be delivered by hand, mail, or electronically if consent is given
 - New transition relief: Carriers offering fully-insured coverage and small employers offering self-funded medical coverage are permitted to post on their website that statements are available upon request
- IRS Reporting
 - Form 1094-C and Form 1095-Cs must be filed with the IRS by Feb. 28 (Mar. 31, if filed electronically)
 - Employers filing 250 or more Form 1095s are required to submit forms electronically
 - Employers filing less than 250 Form 1095s by mail
 - Use official forms or substitute forms in accordance with IRS Pub. 5223
 - Submit in orientation landscape
 - IRS Letter 1865 – Indicates IRS is unable to process forms and they must be resubmitted

Form 1094-C

- Employer Summary Form – 4 Parts
 - Part I – Employer name, address, EIN, etc.
 - Part II – Aggregated ALE status, certification for simplified reporting and signature
 - Part III – Indication of MEC offering, full-time and total employee counts, months as an aggregated ALE member
 - Part IV – Listing of any other members in the same aggregated ALE group
- Part III Column (a) – Minimum Essential Coverage Offer Indicator
 - Did employer offer MEC to at least 95% (or all but 5, if greater) of full-time employees and their dependents?
 - **IRS assesses §4980H(a) penalties based on whether this box is marked “Yes” or “No”**

Form 1094-C

Form 1094-C (2019)

Page 2

Part III ALE Member Information – Monthly

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
23	All 12 Months	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24	Jan	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25	Feb	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26	Mar	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27	Apr	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28	May	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29	June	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30	July	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
31	Aug	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
32	Sept	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
33	Oct	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
34	Nov	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
35	Dec	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Form 1094-C (2019)

Form 1095-C

- **Full-Time Employees**
 - Must report for any employee who was full-time for at least one month
 - Must provide the following data in Part II:
 - Whether coverage was offered for the month (Line 14)
 - If minimum value coverage was offered, the employee contribution for single coverage (Line 15)
 - Whether a safe harbor applies (Line 16)
- **Covered Individuals for Self-Funded Plans**
 - Must report for any individuals covered for at least one day under a self-funded medical plan
 - Includes employees and non-employees, as well as their spouses and dependents
 - Mark coverage months in Part III

Form 1095-C

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

2019

Part I Employee						Applicable Large Employer Member (Employer)					
1 Name of employee (first name, middle initial, last name)			2 Social security number (SSN)			7 Name of employer			8 Employer identification number (EIN)		
3 Street address (including apartment no.)						9 Street address (including room or suite no.)			10 Contact telephone number		
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code	

Part II Employee Offer of Coverage	Plan Start Month (enter 2-digit number):												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form **1095-C** (2019)

Form 1095-C, Part II

- Line 14 (Offer of Coverage Codes)
 - There must be a code for all 12 months
 - Coded as an offer of coverage only if coverage is available for the entire month

Code	Description
1A	Qualifying Offer
1B	MV offered to EE only
1C	MV offered to EE, at least MEC offered to dependent (not spouse)
1D	MV offered to EE, at least MEC offered to spouse (not dependents)
1E	MV offered to EE, at least MEC offered to spouse & dependents
1F	MEC that is not MV offered to employee
1G	Part-time EE or non-employee covered under self-funded plan
1H	No offer of coverage
1I	Reserved
1J	MV offered to EE, at least MEC conditionally offered to spouse (not dependents)
1K	MV offered to EE, at least MEC offered to dependent and conditionally offered to spouse

Form 1095-C, Part II

- Line 16 (Safe Harbor Codes)

- Enter a code only if applicable; if no safe harbor code applies, leave Line 16 blank

Code	Description
2A	Not employed any day that month
2B	Part-time or termination month when not covered all month
2C	Enrolled in coverage (use over any other code if applicable, except 2E)
2D	EE in non-assessment period (e.g. waiting period or initial measurement period)
2E	Multi-employer plan interim relief (use over any other code if applicable)
2F	W-2 affordability safe harbor
2G	FPL affordability safe-harbor
2H	Rate of pay affordability safe harbor
2I	Reserved

- If Line 16 is blank, it indicates risk of a penalty under §4980H unless Code 1A is being used on Line 14***

Form 1095-C, Part II

- Coding Hints – Employee NOT offered coverage for the month
 - Code 1H on Line 14
 - Leave Line 15 blank
 - Indicate why coverage was not offered on Line 16
 - 2A – Not employed
 - 2B – Part-time (or coverage terminated mid-month due to termination of employment)
 - 2D – In a waiting period or initial measurement period
 - Blank – Leave it blank if a full-time employee was not offered coverage and there is no valid reason

Form 1095-C, Part II

- Coding Hints – Employee Offered Coverage for the Month
 - Applicable offer code on Line 14 (generally 1A or 1E)
 - Monthly employee contribution on Line 15
 - Line 16:
 - If employee enrolled – 2C
 - If employee waived:
 - 2F, 2G or 2H indicating the applicable affordability safe harbor
 - Leave blank if coverage did not meet an affordability safe harbor

IRS Collection Efforts

IRS Collection Efforts

- §4980H Collection Efforts – Letter 226J
 - Collections started for 2015 started in November 2017
 - Collections for 2016 started in October 2018
 - Collections for 2017 started in July 2019
 - Collections have not yet started for 2018
- The first letter is a “proposed assessment,” not an actual collection letter
 - Proposed assessment based on data provided on Forms 1094-C and 1095-C (self-reporting)
 - Good faith relief available for those who offered coverage in compliance with §4980H requirements, but reported incorrectly

IRS Collection Efforts

 Department of Treasury
Internal Revenue Service
1973 North Rulon White Boulevard
Ogden, UT 84201-0062



Date:

8/2/2019

Tax year:

2017

Employer ID number:



Contact Name:

4980H Response Unit

Contact ID number:

L2261

Contact telephone number:

866-379-6176

Contact e-fax number:

877-792-2723

Response date:

9/2/2019

Dear Employer,

We have made a preliminary calculation of the Employer Shared Responsibility Payment (ESRP) that you owe.

Proposed ESRP **\$627,055.82**

Our records show that you filed one or more Forms 1095-C, Employer-Provided Health Insurance Offer and Coverage, and one or more Forms 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, with the IRS. Our records also show that for one or more months of the year at least one of the full-time employees you identified on Form 1095-C was allowed the premium tax credit (PTC) on his or her individual income tax return filed with the IRS. Based on this information, we are proposing that you owe an ESRP for one or more months of the year.

You generally owe an ESRP for a month if either:

- You did not offer minimum essential coverage (MEC) to at least 95% of your full-time employees (and their dependents) and at least one of your full-time employees was certified as being allowed the PTC; or

IRS Collection Efforts

ESRP Summary Table

Information Reported to IRS

Month	a. Form 1094-C, Part III, Col (a) Minimum essential coverage offer indicator offered to at least 95%	b. Form 1094-C, Part III, Col (b) Full-time employee count for ALE member	c. Allocated reduction of full- time employee count for IRC Section 4980H(a)	d. Count of assessable full-time employees with a PTC for IRC Section 4980H(a)	e. Count of assessable full- time employees with a PTC for IRC Section 4980H(b)	f. Applicable IRC Section 4980H provision	g. Monthly ESRP amount
January	No	150	30	-	-		\$ -
February	No	150	30	-	-		\$ -
March	No	150	30	-	-		\$ -
April	No	150	30	-	-		\$ -
May	No	150	30	1	-	4980H(a)	\$ 22,600.00
June	No	150	30	1	-	4980H(a)	\$ 22,600.00
July	No	150	30	1	-	4980H(a)	\$ 22,600.00
August	No	150	30	1	-	4980H(a)	\$ 22,600.00
September	No	150	30	1	-	4980H(a)	\$ 22,600.00
October	No	150	30	1	-	4980H(a)	\$ 22,600.00
November	No	150	30	1	-	4980H(a)	\$ 22,600.00
December	No	150	30	1	-	4980H(a)	\$ 22,600.00
Total Proposed ESRP							\$ 180,800.00

IRS Collection Efforts

ESRP Summary Table

Information Reported to IRS

Month	a. Form 1094-C, Part III, Col (a) Minimum essential coverage offer indicator offered to at least 95%	b. Form 1094-C, Part III, Col (b) Full-time employee count for ALE member	c. Allocated reduction of full- time employee count for IRC Section 4980H(a)	d. Count of assessable full-time employees with a PTC for IRC Section 4980H(a)	e. Count of assessable full- time employees with a PTC for IRC Section 4980H(b)	f. Applicable IRC Section 4980H provision	g- Monthly ESRP amount
January	No	846	30	3	-	4980H(a)	\$ 153,680.00
February	No	857	30	4	-	4980H(a)	\$ 155,751.66
March	No	859	30	3	-	4980H(a)	\$ 156,128.33
April	No	871	30	5	-	4980H(a)	\$ 158,388.33
May	Yes	867	30	-	3	4980H(b)	\$ 847.50
June	Yes	840	30	-	2	4980H(b)	\$ 565.00
July	Yes	818	30	-	1	4980H(b)	\$ 282.50
August	Yes	798	30	-	1	4980H(b)	\$ 282.50
September	Yes	784	30	-	1	4980H(b)	\$ 282.50
October	Yes	764	30	-	1	4980H(b)	\$ 282.50
November	Yes	760	30	-	1	4980H(b)	\$ 282.50
December	Yes	740	30	-	1	4980H(b)	\$ 282.50
Total Proposed ESRP							\$ 627,055.82

IRS Collection Efforts

ESRP Summary Table

Information Reported to IRS

Month	a. Form 1094-C, Part III, Col (a) Minimum essential coverage offer indicator offered to at least 95%	b. Form 1094-C, Part III, Col (b) Full-time employee count for ALE member	c. Allocated reduction of full- time employee count for IRC Section 4980H(a)	d. Count of assessable full-time employees with a PTC for IRC Section 4980H(a)	e. Count of assessable full- time employees with a PTC for IRC Section 4980H(b)	f. Applicable IRC Section 4980H provision	g. Monthly ESRP amount
January	Yes	187	15	-	3	4980H(b)	\$ 847.50
February	Yes	187	15	-	3	4980H(b)	\$ 847.50
March	Yes	191	15	-	6	4980H(b)	\$ 1,695.00
April	Yes	192	15	-	6	4980H(b)	\$ 1,695.00
May	Yes	192	15	-	6	4980H(b)	\$ 1,695.00
June	Yes	195	15	-	6	4980H(b)	\$ 1,695.00
July	Yes	196	15	-	5	4980H(b)	\$ 1,412.50
August	Yes	193	15	-	4	4980H(b)	\$ 1,130.00
September	Yes	189	15	-	4	4980H(b)	\$ 1,130.00
October	Yes	190	15	-	4	4980H(b)	\$ 1,130.00
November	Yes	183	15	-	4	4980H(b)	\$ 1,130.00
December	Yes	181	15	-	4	4980H(b)	\$ 1,130.00
Total Proposed ESRP							\$ 15,537.50

IRS Collection Efforts

- Responding to IRS Letter 226J
 - Employer has 30 days to respond unless a 30-day extension is requested and granted
 - If choosing to dispute the assessment, send the IRS:
 - A completed Form 14764;
 - Revised coding on Form 14765, along with supporting documentation (e.g. SBC, contribution rates, employee pay info); and
 - A signed statement explaining why the assessment is being disputed
 - Upon receiving an appeal, the IRS will respond with a Letter 227
 - If the employer fails to respond, the IRS will send a formal collection letter (Letter CP220J)

IRS Collection Efforts

Form 14765 (April 2017)		Department of the Treasury - Internal Revenue Service Employee Premium Tax Credit (PTC) Listing													
Any month not highlighted is a month that the employee received a PTC and no safe harbor or other relief from the ESRP was applicable. The employee is an assessable full-time employee for that month.											Employer ID number		Tax Year		
Employer name											2016				
Employee Name, (last, first)	SSN (last 4 digits)	All 12 months Indicator Codes (Form 1095-C, lines 14 and 16 combined)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Additional Information Attached
	4557	Second row - for corrections	1E/	1E/2A	1H/2B	1H/2A	1H/2A	1H/2A	1H/2A	1H/2A	1H/2A	1H/2A	1H/2A	1H/2A	
	6321	Second row - for corrections	1H/	1H/	NOPTC	NOPTC									
	7681	Second row - for corrections	NOPTC	1E/	1E/	1E/	1E/								
	6902	Second row - for corrections	NOPTC	NOPTC	NOPTC	NOPTC	NOPTC	NOPTC	1E/	1E/	1E/	1E/	1E/	1E/	
	2165	Second row - for corrections	1H/2A	1H/	1H/2D	NOPTC	NOPTC	NOPTC	NOPTC	NOPTC	NOPTC	NOPTC	NOPTC	NOPTC	
	5461	Second row - for corrections	1E/	NOPTC	NOPTC	NOPTC	NOPTC								
	5951	Second row - for corrections	NOPTC	NOPTC	1E/	1E/	1E/	NOPTC	NOPTC	NOPTC	NOPTC	NOPTC	NOPTC	NOPTC	
	9915	Second row - for corrections	NOPTC	1E/	1E/	1E/									
	0554	Second row - for corrections	1E/	NOPTC	NOPTC	NOPTC	NOPTC								
	7296	Second row - for corrections	1E/	1E/2A	1E/	1E/	1E/	1E/	1E/2C	1E/2C	NOPTC	NOPTC	NOPTC	NOPTC	
	0147	Second row - for corrections	1E/	1E/	1E/	NOPTC									
	6656	Second row - for corrections	1H/2A	1H/	1H/2A	1H/2D	1H/2D	1E/2F	1E/	1E/	1E/	1E/2F	1E/	1E/	
	9539	Second row - for corrections	NOPTC	1E/	1E/	NOPTC	NOPTC								

IRS Collection Efforts

- Reporting Collection Efforts
 - Employers who fail to file a Form 1094-C or 1095-Cs could face a penalty of up to \$270/form for failure to file with the IRS + \$270/form for failure to provide a copy to individuals
 - Two separate letters
 - Letter 5699 / Letter 5005-A – Sent to employers who appear to be ALEs based on number of W-2s filed and
 - Letter 972CG – Sent to employers who filed late

Assurex Global Partners

- Bolton & Co.
- Catto & Catto
- Cottingham & Butler
- Cragin & Pike, Inc.
- Daniel & Henry
- Foa & Son
- The Graham Co.
- Haylor, Freyer & Coon, Inc.
- Henderson Brothers, Inc.
- The Horton Group
- The IMA Financial Group
- INSURICA
- Kapnick Insurance Group
- Lipscomb & Pitts Insurance
- LMC Insurance & Risk Management
- Lyons Companies
- The Mahoney Group
- MJ Insurance
- Oswald Companies
- Parker, Smith & Feek, Inc.
- PayneWest Insurance
- Pritchard & Jerden
- R&R/The Knowledge Brokers
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- Sterling Seacrest Partners
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