

Reading your 1095C form

Your 1095-C form is provided to you as a provision of the Affordable Care Act. Form 1095-C includes information about the health insurance coverage offered to you by Hays County. For any questions you have about this form, please contact the Hays County Treasurer's Office at 512-393-2236. For more information about your tax return, or the Affordable Care Act, you can contact IRS at www.irs.gov or 1-800-829-1040.

Part I		Part II			
APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Plan Start Mo. (Enter 2-digit no.):	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Section 4980H-1 Safe Harbor and Other Relief (enter code, if applicable)
600119 <input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED OMB No. 1545-2251 2020 Form 1095-C		01	1A	\$	2C
Hays County 712 South Stagecoach Trail San Marcos, Texas 78666 (512)393-2236		All 12 Months			
Do not attach to your tax return. Keep for your records. Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c		Jan		\$	
EMPLOYEE'S name, address, ZIP/postal code & country		Feb		\$	
Joe Employee 1234 Wonderful Lane San Marcos, Tx 78666		Mar		\$	
APPLICABLE LARGE EMPLOYER'S identification number (EIN)		Apr		\$	
74-6002241		May		\$	
EMPLOYEE'S social security number (SSN)		June		\$	
000-00-0000		July		\$	
		Aug		\$	
		Sept		\$	
		Oct		\$	
		Nov		\$	
		Dec		\$	

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. <input checked="" type="checkbox"/>														
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 mos.	(e) Months of coverage															
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
17. Joe	C Employee	000-00-0000	X																
18. Mary	M Spouse	000-00-0000	X																
19. Joe	M Junior	000-00-0000	X																
20.																			

Employer Provided Health Insurance Offer and Coverage

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

Department of the Treasury - IRS

Form 1095-C, **Part II**, includes information about the coverage Hays County may have **offered** to you and to your dependent(s). NOTE: Hays County must report to IRS if health coverage was offered to you, **even if you declined health coverage**.

Column 14. The codes listed in Column 14 describe the coverage that Hays County offered to you and to your dependent(s), if any. Please note that a code will only be next to each month if a different situation occurred for different months. Otherwise, if your situation was the same all year, you will only see something next to "All 12 months" and nothing will be listed next to the individual months.

1A. You worked over 30 hours a week, (on average) for the months individually marked with 1A, or for all 12 months. Hays County has offered you and your dependent(s) health insurance coverage. You may have chosen not to take the coverage, but even if you did not take the coverage, 1A will be listed for months you were **offered** health insurance coverage. Note that code 2C indicates you accepted the health insurance coverage. Other codes may indicate the initial waiting period prior to coverage or an inactive status.

1G. You did NOT work for Hays County for the months individually marked with 1G, or for all 12 months. However, you were enrolled in a Hays County health plan for one or more months of the calendar year, either as a Hays County Retiree or Central Appraisal District employee.

1H. You did NOT work over 30 hours a week, (on average) for the months individually marked with 1H, or for all 12 months. You were NOT offered any health coverage through Hays County for the months marked with 1H, or for all 12 months.

Form 1095-C, **Part III** provides information to assist you in completing your income tax return. This section indicates that you and/or your dependent(s) were covered under a Hays County health insurance plan for some, or all months during the year. Part III reports the name, SSN and coverage information about each individual covered under the Hays County health plan and what months they were covered. Please note that an X will only be under each month in section (e) if a different situation occurred for different months. Otherwise, if your situation was the same all year, you will only see an X under (d) "Covered all 12 months" and nothing will be listed under the individual months in section (e).