



# Springbrook – Affordable Care Act Processing

# Agenda

## Resources

Batch Setup and overview

Data Extraction and preparation

Edit Employees entry

Edit Employer entry

Filing

# Resources

- Springbrook Community – Affordable Care Act Playbook

<https://enterprisehelp.springbrooksoftware.com/a/1348282-aca-processing>

- Community website – <https://success.springbrooksoftware.com>

- IRS.gov – 1095 instructions

<https://www.irs.gov/pub/irs-pdf/i109495c.pdf>

- Affordable Care Act Information Returns (AIR) Program page

<https://www.irs.gov/e-file-providers/air/affordable-care-act-information-return-air-program>

# Dates For Reference

- Alternate furnishing option to employees
- Due date for filing on paper (if less than 10 forms) – March 2, 2026.
- Due date for filing electronically – March 31, 2026.
- Provision date for on-premise Springbrook, KVS or SoftRight clients – email was sent by [cheryl.weimer@sprbrk.com](mailto:cheryl.weimer@sprbrk.com) .
- Software ID has been updated in our system, but you cannot file to AIR until January 2026.

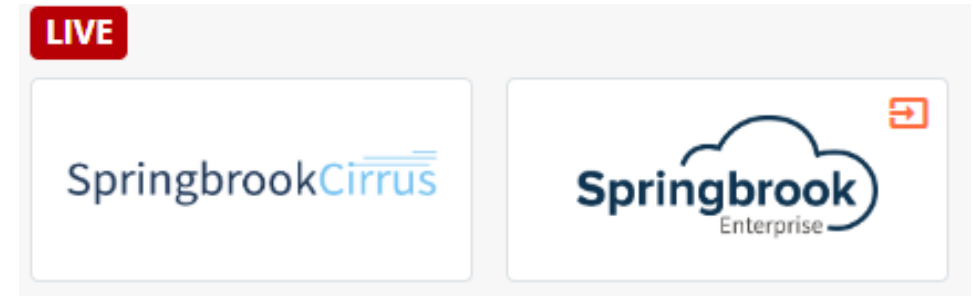
## What's New

### **Alternative manner of furnishing statements.**

Employers no longer have to automatically send Form 1095-C to individuals. The requirement for furnishing the statement is met if the employer responsible for providing the statements provides clear, conspicuous, and accessible notice on its website that an individual may request a copy of their statement and the copy is timely furnished. For this purpose, the statement is timely furnished if provided to the individual no later than the later of January 31, 2026, or 30 days after the date of the request. For additional guidance, see [IRS.gov/irb/2025-11\\_IRB#NOT-2025-15](https://www.irs.gov/irb/2025-11_IRB#NOT-2025-15).

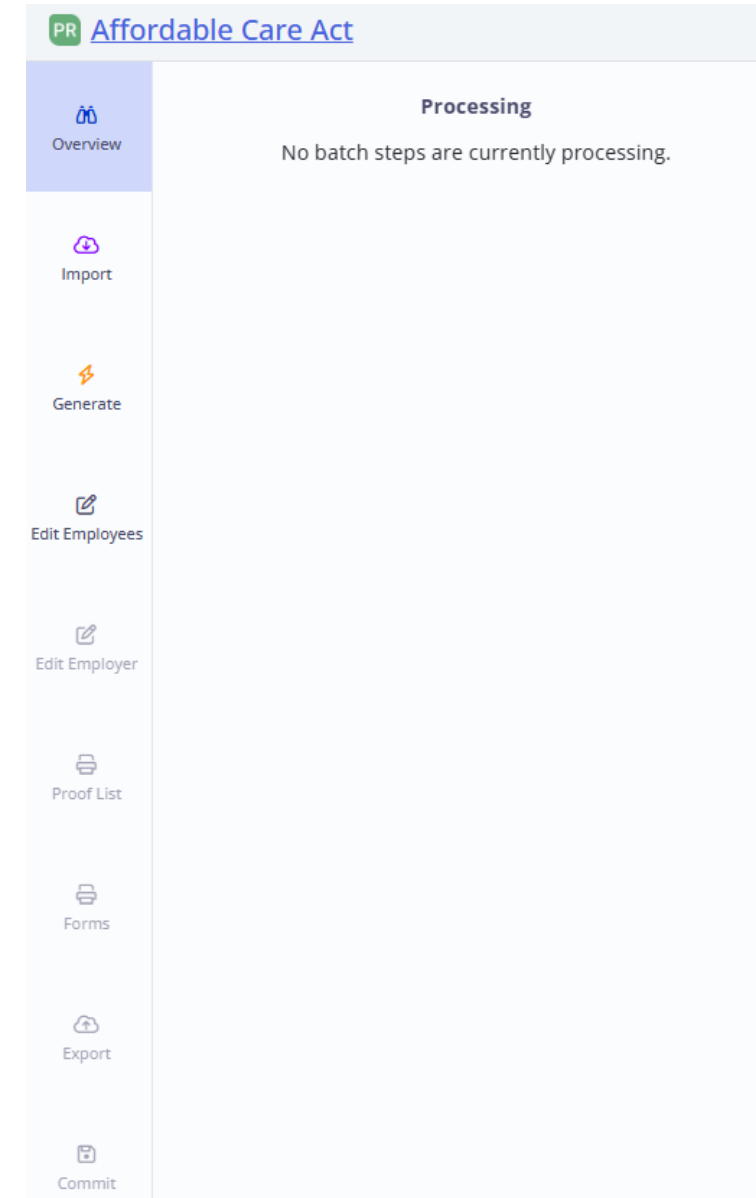
# Cirrus platform is available for all users

- Cirrus is available to use for processing your ACA batch if you choose to use this platform instead of Springbrook Enterprise. Both options are included in our solution.
- You can work in Cirrus and then switch to Enterprise and all your saved work will be there. It is your choice which platform you use.
- Cirrus has some enhancements to the ACA batch process. 1094/1095<sup>B</sup> electronic file is only available in Cirrus. 1094/1095<sup>C</sup> is available in either platform. Most file <sup>C</sup>.
- Cirrus is fully browser based and can be used from all modern browsers (Safari, Chrome, Mozilla, Edge, etc.).

A screenshot of a web application interface titled 'PR Affordable Care Act'. On the left is a sidebar with three options: 'Overview' (with a person icon), 'Import' (with a cloud and arrow icon), and 'Generate' (with a lightning bolt icon, highlighted in blue). The main area contains two dropdown menus: 'Calendar Year\*' set to '2025' and 'Sort Order' set to 'Employee Number'. Below these is a checkbox labeled 'Self-insured coverage provided' which is currently unchecked.

# Affordable Care Act batch process

- Import or Generate
- Edit Employees
- Edit Employer
- Proof List
- Forms
- Export
- Commit – never needed just deletes information.



# Generate – Only Available for Existing Cloud Payroll clients

- Check Security if you do not have it on your menu.
- Enter reporting year in Calendar Year field (it will default to the current fiscal year.) You are reporting for 2025. The system will only bring in employees that are active in 2025.
- Sort Order – This will determine the order the forms are printed. Will be helpful if you want to match up forms to W2s to mail.
- Mark Self-Insured coverage if you need to report dependents.
  - Cirrus only: The generate will bring in dependents in HR if selected and will not if this toggle is not marked.
  - If self-insured reporting is needed you can import dependents from a file if they are not in your HR system.



The screenshot shows a web interface for generating Affordable Care Act forms. On the left is a sidebar with three options: 'Overview' (with a document icon), 'Import' (with a cloud and download icon), and 'Generate' (with a lightning bolt icon, which is currently selected and highlighted in blue). The main area on the right is titled 'PR Affordable Care Act' and contains two input fields: 'Calendar Year\*' with the value '2025' and 'Sort Order' with the value 'Employee Number'. Below these fields is a checkbox labeled 'Self-insured coverage provided' which is currently unchecked.



## Generate – Existing Cloud Payroll clients only

- The Generate step will automatically remove disallowed characters from your employee data. You will still get a Review message on the Generate job, but the disallowed characters will be removed.
- You can keep the review list from the Jobs Viewer and modify your employee records to remove disallowed characters if desired.
- Note: Unlike the Generate, the Import does not automatically remove disallowed characters but it will provide a list for you to correct.



# Data extraction

- Springbrook data extraction will export employees and dependents (if dependents are stored in HR module) only.
- Employee file – Review for disallowed characters and double spaces. SSNs should not have dashes. Springbrook will add those.
- Dependent file - If you are not reporting as “self insured” you will not need the dependent file. If you need the file, make sure to review it for disallowed characters (except / from birth dates).
- Remember opening CSV files in Excel will remove all leading zeros. Critical for zip codes and Social Security numbers.

# Import Files

- Open Import step in the batch. This can be done after employees are generated.
- Select the file(s) to import.
- Select the sort order you want the forms printed in.
  - Important if matching to W2's to mail.
- Click Check mark or Submit button to import.
- NOTE: If you import an Employee File after the Generate step was run, the employee file will replace all employees currently in the batch.

The screenshot displays the 'Import' step in the Springbrook Affordable Care Act interface. The top header shows 'PR Affordable Care Act' and a date selector set to '00002.12.2025' with a 'SUBMIT' button. A left sidebar contains navigation icons for Overview, Import (highlighted), Generate, Edit Employees, Edit Employer, and Proof List. The main content area is titled 'Employee File' and includes three file upload sections: 'Employee File', 'Dependent File', and 'Coverage File', each with a 'BROWSE...' button and a drop zone. Below these are fields for 'Employment Cutoff Date' (with a calendar icon), 'Sort Order' (set to 'Employee Number'), and a 'Resubmission' checkbox. A 'Resubmission ID' field is also present at the bottom.

# Tips for Dependent and Coverage Import

- Dependent and Coverage files can be imported after Employees are imported. If Employees are already imported/generated in the batch, then the system will more easily match the Related Employee Number from the Dependent and Coverage files to the correct Employee.
- You cannot import additional employees without overriding ALL employees and information in the batch. It may be better to manually add missed employees on the Edit Employees step instead.

# Review Import Errors

- If Import status is “Review” there are errors in the file(s) that you will need to modify either in the file and then re-import, or modify on the Edit Employee step.
- NOTE: Importing the Employee File again will override all employees in the batch.

PR Affordable Care Act

Overview

Import

Generate

Processing

No batch steps are currently processing.

Next Steps

Import

REVIEW

Generate

Edit Employees

REQUIRED

Notifications

New

Review

PR > Affordable Care Act > Import

Process completed, but requires additional review.

10:59 AM → 11:00 AM

# Review/Errors

To review the errors, go to your Jobs Viewer, click Search, and double-click on the Job with the Review status. An Import Errors window will open.

☆ Jobs Viewer

☒ Show jobs that are scheduled

☒ Show jobs that are currently processing

☒ Show jobs that completed successfully

☒ Show jobs that didn't complete due to an error

☒ Show jobs that were deleted

Module  
(All Modules)

Job Type  
(All Job Types)

Batch Type  
(No Batch Type Filter)

Scheduled From\*  
12/1/2025

Scheduled To\*  
12/1/2025

User Name  
ADMIN

HIDE FILTERS

RESET

SEARCH

PRINT

REFRESH

COLUMNS

Job ID	Details	Description	Batch Type	Status	Batch	Results	Batch Name	Fiscal
0000320903		Import / Affordable ...	PR Affordable Care Act	Review	00002.12.2025	One or more issues were detected with the import file. Please verify that the import file is correct.		0000

## Import Errors

COLUMNS			
Index	Error Nu...	Error Description	Layout Info
24	1	An invalid character was found fo...	32657, Ringmeier, Arik, D, 9999957...
28	2	A social security number is requir...	32169, Thao, Dang,,, 2/20/1968, 121...

# Review/Errors

The Error Description and Layout Info will indicate what you need to fix with your Import file or what to modify on the Edit Employees step.

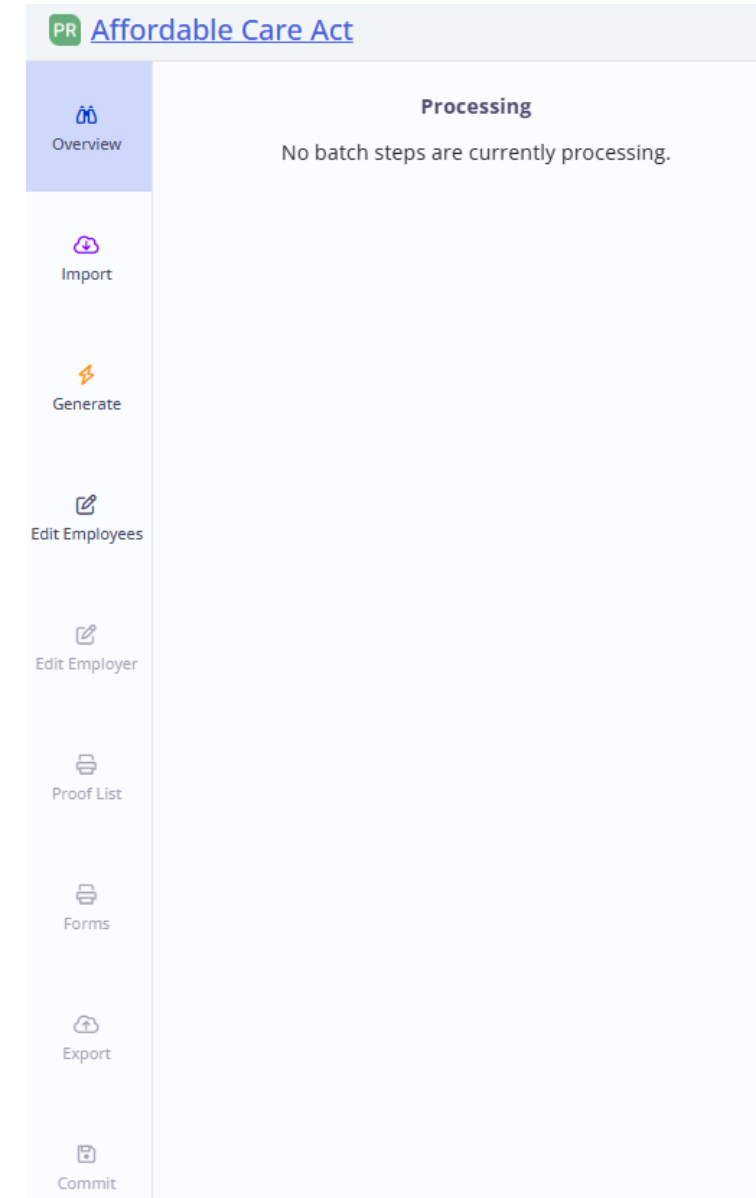
<div><div><div>EDIT</div><div>REMOVE</div><div>+ EMPLOYEE</div><div>UPDATE SELECTED</div></div><div>COLUMNS</div></div>											
	Employee #	Last Name	First Name	Middle Name	SSN	Date of Birth	Address 1	Address 2	City	State	Zip
<input checked="" type="checkbox"/>	32169	Thao	Dang			02/20/1968	1217 So 22nd St		Springbrook	OR	99999

<div><div><div>EDIT</div><div>REMOVE</div><div>+ EMPLOYEE</div><div>UPDATE SELECTED</div></div><div>COLUMNS</div></div>											
	Employee #	Last Name	First Name	Middle Name	SSN	Date of Birth	Address 1	Address 2	City	State	Zip
<input checked="" type="checkbox"/>	32657	Ringmeier	Arik	D	999995793	02/16/1974	11112 Hwy X####		Springbrook	OR	99999

# Affordable Care Act batch process

- Import or Generate
- Edit Employees
- Edit Employer
- Proof List
- Forms
- Export
- Commit – never needed just deletes information.

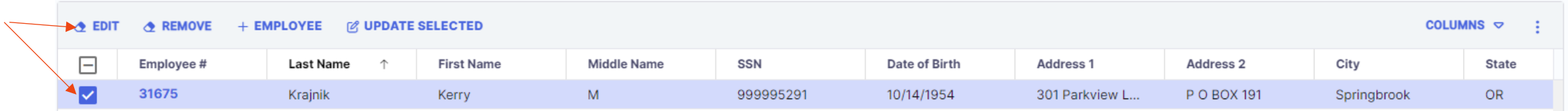




# Edit Employees

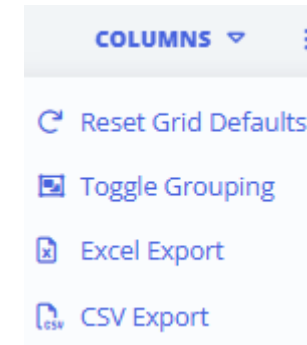
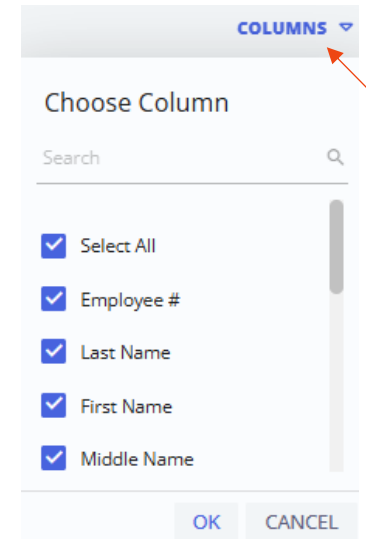
- This window contains all the employee reporting information.
- Highlight the employee line or click in the left box and click the Edit to view information.

**Tip: It works well to go through your batch and delete any employees that you do not need to report before doing anything else.**



EDIT REMOVE + EMPLOYEE UPDATE SELECTED COLUMNS ▾ ⋮										
<input type="checkbox"/>	Employee #	Last Name	First Name	Middle Name	SSN	Date of Birth	Address 1	Address 2	City	State
<input checked="" type="checkbox"/>	31675	Krajnik	Kerry	M	999995291	10/14/1954	301 Parkview L...	P O BOX 191	Springbrook	OR

- Click the Columns dropdown to adjust which columns you see in the grid.
- Click the 3 dots on the far right to export data to excel or use grouping.



# Cirrus – Edit Employee Functions

PR Affordable Care Act

ACA 2025

Overview

Import

+ EMPLOYEE

EDIT

REMOVE

UPDATE SELECTED

COLUMNS

	Employee #	Last Name	First Name	Middle Name	SSN	Date of Birth	Address 1	Address 2	City	State
<input checked="" type="checkbox"/>	31274	Erickson	Jill	M	999993298	09/11/1970	1512 Ahrens St		Springbrook	OR
<input type="checkbox"/>	32194	Roehrig	David*M	H	999998082	03/30/1955	2318 Herman Rd		Springbrook	OR
<input type="checkbox"/>	32801	Pfeffer	Chad	P	999998057	03/22/1986	4413 Knuell Ct		Springbrook	OR
<input type="checkbox"/>	31756	Trainor	Michael	S	999993450	11/27/1962	1301 Manila Str...		Springbrook	OR

Cancel

Save

Employee

Employee #\*

31274

Last Name

Erickson

First Name

Jill

Middle Name

M

SSN\*

999-99-3298

Date Of Birth

9/11/1970

Address 1

1512 Ahrens St

Address 2

City

Springbrook

State

OR

Zip

99999-\_\_\_\_

Plan Start Month

☒ Self Insured

COVERAGE

DEPENDENTS (1)

UPDATE SELECTED

☒ January

Coverage Amount

0.00

Coverage Type

Safe Harbor

☒ February

Coverage Amount

0.00

Coverage Type

Safe Harbor

☒ March

Coverage Amount

0.00

Coverage Type

Safe Harbor

☒ April

Coverage Amount

0.00

Coverage Type

Safe Harbor

☒ May

Coverage Amount

0.00

Coverage Type

Safe Harbor

☒ June

Coverage Amount

0.00

Coverage Type

Safe Harbor

☒ July

Coverage Amount

0.00

Coverage Type

Safe Harbor

☒ August

Coverage Amount

0.00

Coverage Type

Safe Harbor

☒ September

Coverage Amount

0.00

Coverage Type

Safe Harbor

☒ October

Coverage Amount

0.00

Coverage Type

Safe Harbor

☒ November

Coverage Amount

0.00

Coverage Type

Safe Harbor

☒ December

Coverage Amount

0.00

Coverage Type

Safe Harbor

+ EMPLOYEE

EDIT

REMOVE

UPDATE SELECTED

Employee #

Last Name

31274

Erickson

32194

Roehrig

32801

Pfeffer

Coverage


Plan Start Month

Self Insured


# Edit Employees – Best Practice

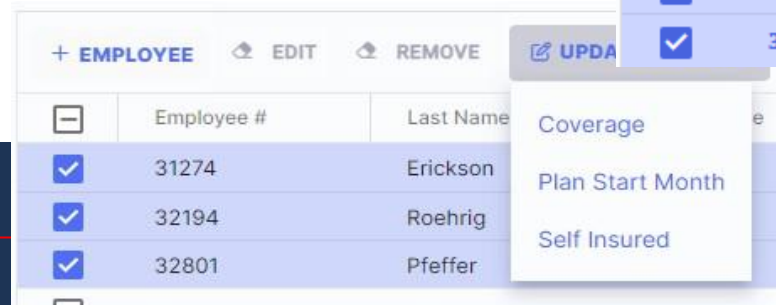
- If doing Coverages entry manually, the quickest way to process the batch is to change all employees to the most common values, then modify the ones that are different (such as employees that did not work the full year).
- Click the Select all employees box at the top left of the grid – This will mark all employees selected. If you want, you can remove any employees desired by clicking in the selected box individually.




	Employee #	Last Name	First Name	↑
<input type="checkbox"/>	32864	Theel	Adam	
<input type="checkbox"/>	31225	Muchowski	Alan	
<input type="checkbox"/>	32420	Boruch	Allen	
<input type="checkbox"/>	31171	Koch	Ann	



	Employee #	Last Name	First Name	↑
<input checked="" type="checkbox"/>	32864	Theel	Adam	
<input checked="" type="checkbox"/>	31225	Muchowski	Alan	
<input checked="" type="checkbox"/>	32420	Boruch	Allen	
<input checked="" type="checkbox"/>	31171	Koch	Ann	



	Employee #	Last Name	First Name	↑
<input checked="" type="checkbox"/>	31274	Erickson		
<input checked="" type="checkbox"/>	32194	Roehrig		
<input checked="" type="checkbox"/>	32801	Pfeffer		

UPDATE

Coverage

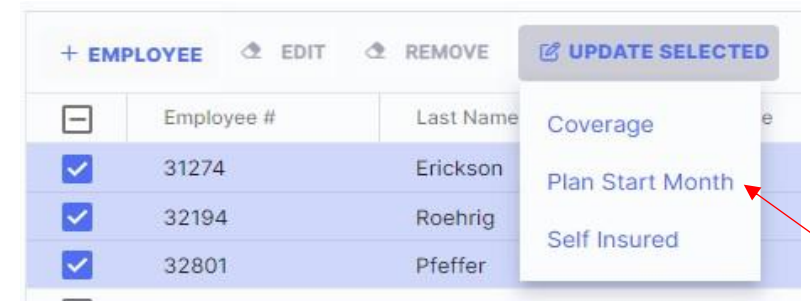
Plan Start Month

Self Insured

# Edit Employees – Best Practice

Use Update Selected > Plan Start Month – Adds the plan start month to each employee. This is the month your agency plan starts, not the employee specific information.

- Often this is the same for all employees.
- This is **required** by the IRS for 2025 reporting.
- Will display the month number.



**Plan Start Month**

Plan Start Month  
January

This will update the Plan Start Month for all selected employees.

**CANCEL** **SAVE**

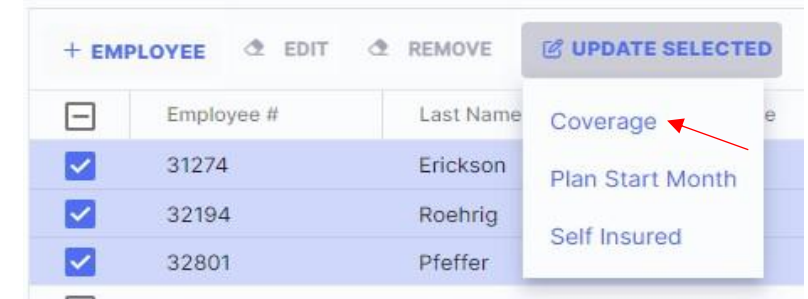
COLUMNS		
Zip	Plan Start Month	Self
99999	01	
99999	01	
99999	01	
99999	01	
99999	01	

# Edit Employees – Update Coverage

- Use the Update Selected > Coverage – Adds the coverage and safe harbor codes to months specified on employees selected.

Tip: Toggle box at the top will select all months.

Type in the Coverage dollars, coverage type and safe harbor codes. Refer 1094/95 instructions for code help. Springbrook does not give advice on the codes to use.




A screenshot of the 'Coverage - Selected Employees' form. On the left, a sidebar contains a 'Months' section with a 'Months' toggle box (checked) and a list of months from January to December, all of which are checked. A red arrow points to the 'Months' toggle box. The main form area has fields for 'Coverage' (\$0.00), 'Coverage Type' (1A), and 'Safe Harbor' (2C). Below these fields, a message states: 'This will update the Coverage settings for all selected employees.' At the top right of the form are 'CANCEL' and 'SAVE' buttons.

# Edit Employees – Save errors

- When edit individual employees or adding new ones, some fields are required.
- The system will identify errors in these required fields with red font.
- You must complete these fields before you can Save.

**Edit Employee ACA**

**Employee**


Employee #\* 32864 

Middle Name

Last Name   
The employee's last name must be entered.

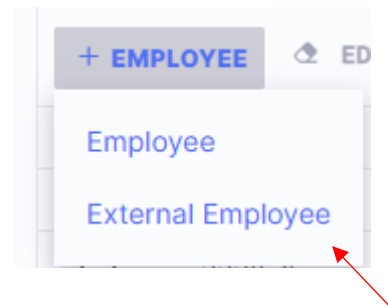
SSN\*   
The employee's SSN must be entered.

First Name   
The employee's first name must be entered.

Date Of Birth  

# Edit Employees – Reporting Non-employees

- Non-employees can be added to the batch on the Edit Employees step under +Employee > External Employee (typically for retirees).
- You can also Import your non-employees with your other employees using the Employee File during the import process.
- Employee # is a required field, this must be a unique number and it cannot be changed in the batch after Saving.





## Edit Employees – Entry tips







Best practice is to have one user only working in the batch at any time, to limit risk of someone losing their work when another user saves theirs.

The provision databases for On-Prem, KVS and SoftRight clients are usually set up with one single user in their ACA database. Login information can be shared and used by multiple users, or Support can add an additional user for you if needed. Contact Support if you need an additional user.

# Items to Edit and Check

Sort by the following columns to make sure there are no blanks that will fail when uploading to the IRS AIR system. Also check that there are no trailing, leading, or double spaces.

- First & Last Name – Both are required and cannot exceed 20 characters each.
- SSN – review to make sure all appear to be 9 digits. Dashes should not be seen.
- Address, City, State – all are required. State should be entered as two-digit and in caps.
- Zip – must be either 5 or 9 digits. Anything else will fail during IRS transmission.

 EDIT	 REMOVE	 EMPLOYEE	 UPDATE SELECTED								 COLUMNS	
<input type="checkbox"/>	Employee #	Last Name	First Name ↑	SSN	Date of Birth	Address 1	Address 2	City	State	Zip		
<input type="checkbox"/>	30157	Palmer	Carol	999995634	12/04/1978	4432 Main St	Apt 22	Springbrook	OR	99999		
<input type="checkbox"/>	32864	Theel	Adam	999-99-4045	07/01/1980	4932 Benley Ct	Apt 7	Springbrook	OR	99999		
<input type="checkbox"/>	31225	Muchowski-Bachinski-Jones	Alan	999998398	08/13/1967	901 Porsche Ct		Springbrook	OR	99999		
<input type="checkbox"/>	32420	Boruch	Allen	999996728	06/03/1970	3131 Southbrook Crt Apt 406		Springbrook	OR			
<input type="checkbox"/>	31171	Koch	Ann	998257	01/10/1954	408 So 26th Street		Springbrook	OR	99999		
<input type="checkbox"/>	31300	Reimer	Ann	999999935	12/01/1965	1316 So 15th St		Springbrook	OR	99999		
<input type="checkbox"/>	31228	Herrmann	Ann	999998664	06/27/1955	701 So 19th Street		Springbrook	OR	97455		
<input type="checkbox"/>	41000	Rubio	Anthony	999999191	08/21/1967	879 Oak Street		Corvallis	OR	99999554		

# Add Dependents - Cirrus

- Dependents can be either keyed or imported.
- Dependents are ONLY included if you need to report as self-insured. You can get that information from your insurance carrier.
- If manually adding dependents, Edit an employee and then click on the Dependents tab.
- A dependent line will open in the Dependents field.
- Be certain to check all the months the dependent was covered.
- The employee will auto populate in the Dependent field when checking Self-Insured toggle for the employee.
- **TIP: Do not add dependents (even employee) if the employee waived coverage. It will throw errors in the transmission to AIR.**

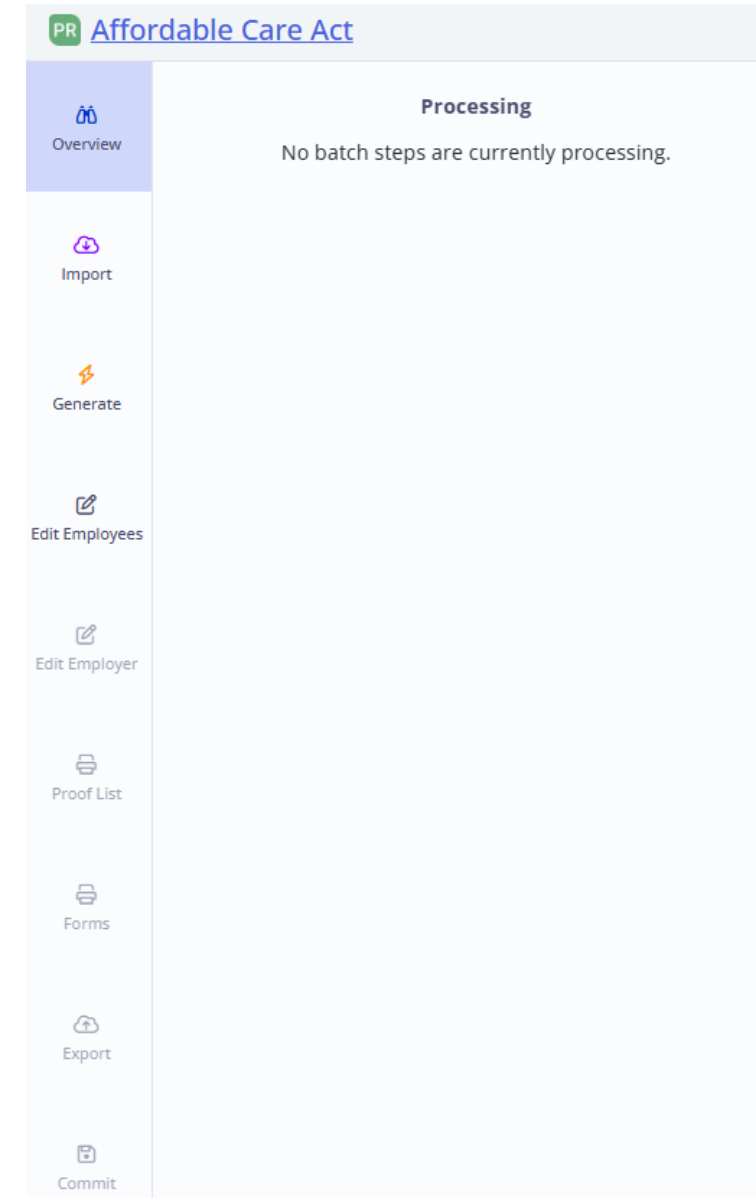
COVERAGE DEPENDENTS (1)

[×](#) CANCEL [+](#) CREATE DEPENDENT [🗑](#) DELETE COLUMNS ▾ ⋮

Last Name	First Name	Middle Name	SSN	Date of Birth	January	February	March	April	May
Tore	Bob		000000000		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

# Affordable Care Act batch process

- Import or Generate
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- Edit Employer
- Proof List
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- Commit – never needed just deletes information.



# Edit Employer

Edit Employer information is CRITICAL if you are going to file electronically. If you are filing on paper (unlikely), you can simply fill out the Contact tab information.

PR Affordable Care Act

ACA 2025

SAVE

Overview

Import

Generate

Edit Employees

Edit Employer

EMPLOYER

CONTACT

Request Type

☐ Aggregated group☐ Qualifying offer☐ Authoritative☐ 98% offer method

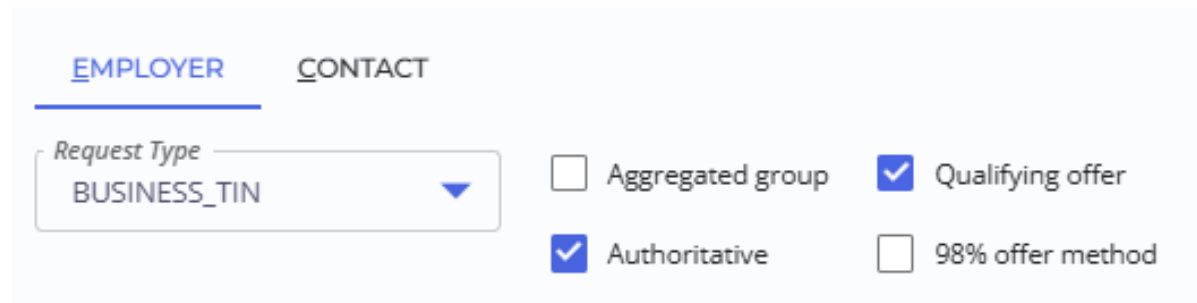
Monthly Employer Data

COLUMNS

Month	Total Employee Count	Eligible FTE Count	Min Essential Coverage	Transition Relief	Aggregated Group
January	0	0			<input type="checkbox"/>
February	0	0			<input type="checkbox"/>
March	0	0			<input type="checkbox"/>
April	0	0			<input type="checkbox"/>
May	0	0			<input type="checkbox"/>

# Employer tab

- Request Type – Generally Business TIN. Must be indicated.
- Authoritative – Must check unless part of an Aggregated group.
- Aggregate group - must not toggle unless you are part of an Aggregated group.
- Qualifying offer – Most clients check this.
- 98% offer method – applicable to some



The screenshot shows a web form with two tabs: EMPLOYER and CONTACT. The EMPLOYER tab is active. Below the tabs, there is a dropdown menu labeled "Request Type" with "BUSINESS\_TIN" selected. To the right of the dropdown are four checkboxes arranged in two rows. The first row contains "Aggregated group" (unchecked) and "Qualifying offer" (checked). The second row contains "Authoritative" (checked) and "98% offer method" (unchecked).

Field	Value / Status
Request Type	BUSINESS_TIN
Aggregated group	<input type="checkbox"/>
Qualifying offer	<input checked="" type="checkbox"/>
Authoritative	<input checked="" type="checkbox"/>
98% offer method	<input type="checkbox"/>

# Contact tab

- First Name, Last Name, and Phone are required fields. Middle Name and Suffix are optional. This is the person responsible for answering any questions from the IRS. (see page 7 of IRS instructions)
- IRS Electronic transmission will fail without this tab completed.
- NOTE: Make sure there are no spaces after the typed information to avoid filing errors with the AIR system.

EMPLOYER	<u>CONTACT</u>
First Name Carla	Suffix
Middle Name	Phone (555) 226-5554
Last Name Hayes	



# Applicable Large Employer/Monthly Employer Data

This information must be included if filing electronically as Authoritative for the ALE member.

- Total Employee Count – This is for the total number of employees per month.
- Eligible FTE Count – Number of employees eligible for insurance. MUST BE LESS THAN OR EQUAL TO THE TOTAL EMPLOYEE COUNT FOR THE MONTH.
- Min Essential Coverage – Yes (most likely) – must answer for each month.
- Transition Relief – Not used for 2025.
- Aggregate Group – Will auto-mark if you checked Aggregated Group above.

Monthly Employer Data

Month	Total Employee Count	Eligible FTE Count	Min Essential Coverage	Transition Relief	Aggregated Group
January	300	250	Yes		<input type="checkbox"/>
February	300	250	Yes		<input type="checkbox"/>
March	300	250	Yes		<input type="checkbox"/>
April	300	250	Yes		<input type="checkbox"/>
May	300	250	Yes		<input type="checkbox"/>
June	300	250	Yes		<input type="checkbox"/>
July	300	250	Yes		<input type="checkbox"/>
August	300	250	Yes		<input type="checkbox"/>
September	300	250	Yes		<input type="checkbox"/>
October	300	250	Yes		<input type="checkbox"/>
November	300	250	Yes		<input type="checkbox"/>
December	300	250	Yes		<input type="checkbox"/>

# Aggregated Group - Uncommon

- If Aggregated Group is toggled on the Employer tab, two additional tabs will appear.
- You will know if you are part of an Aggregated Group based on how you file W2 information.
- If you don't know you are likely not part of an Aggregated Group.

EMPLOYER   CONTACT   GOVERNMENT ENTITY   AGGREGATE ENTITY

Request Type  
BUSINESS\_TIN ▼

☒ Aggregated group   ☒ Qualifying offer

☒ Authoritative   ☐ 98% offer method

Aggregated Group	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

# Government Entity tab

- ONLY used if the organization is part of an aggregate group. Will only display if Aggregated group is checked on the Employer tab.
- Enter complete address and DGE information. See page 7 of the IRS instructions.

EMPLOYER CONTACT GOVERNMENT ENTITY AGGREGATE ENTITY

Name

EIN

Address

City

State

Zip

First Name

Middle Name

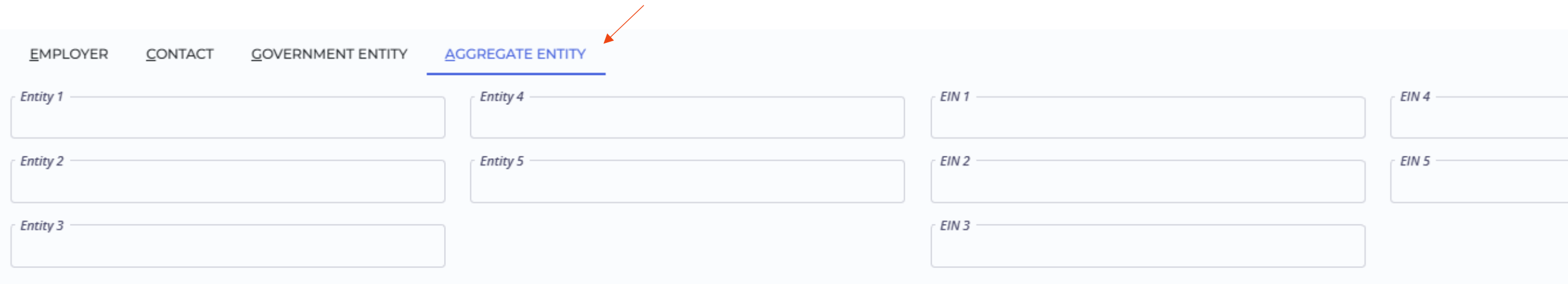
Last Name

Suffix

Phone

# Aggregate Entity tab

- ONLY used if your agency is a part of an aggregate entity.
- This window should include each entity that is included with your reporting and the EIN number. The entities listed here will be filing non-authoritative returns.
- NOTE – The EIN numbers must match tax filings and are often the same as the Government entity.

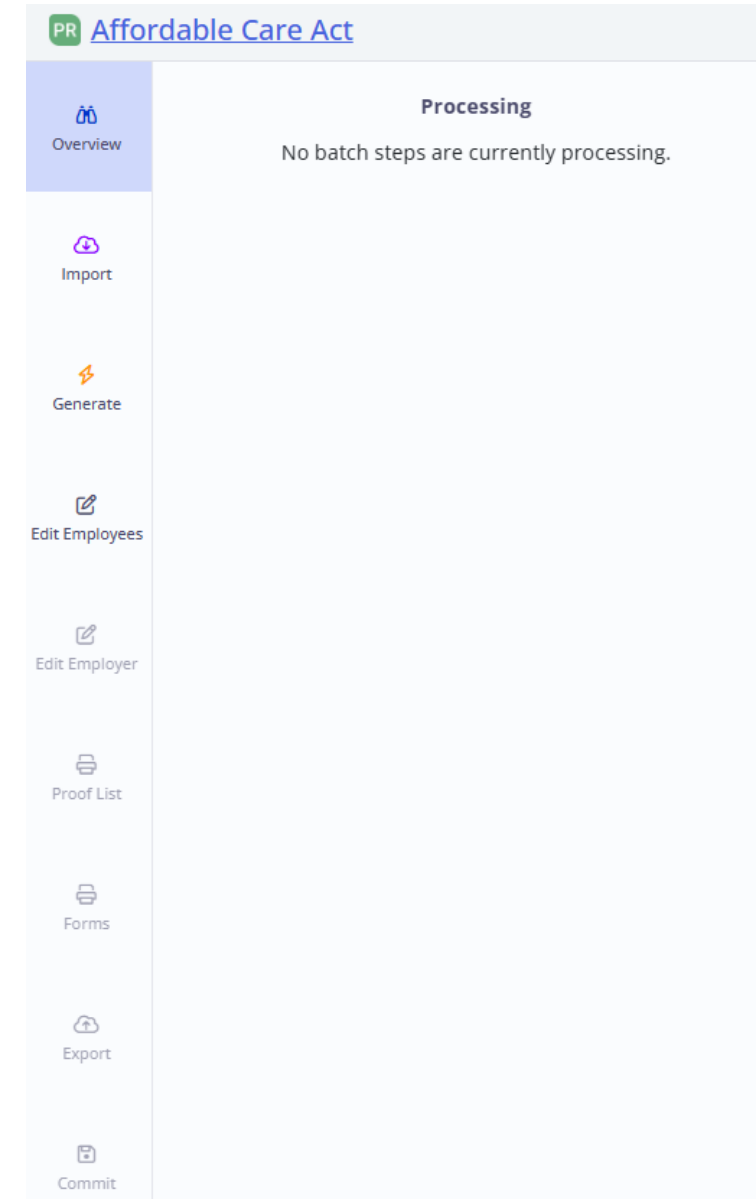


EMPLOYER   CONTACT   GOVERNMENT ENTITY   AGGREGATE ENTITY

Entity 1	Entity 4	EIN 1	EIN 4
Entity 2	Entity 5	EIN 2	EIN 5
Entity 3		EIN 3	

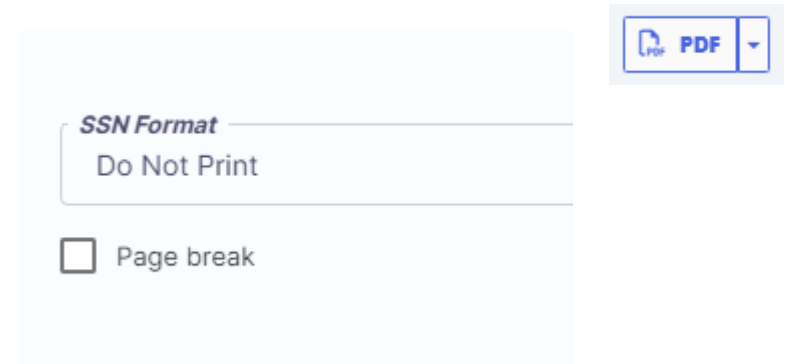
# Affordable Care Act batch process

- Import or Generate
- Edit Employees
- Edit Employer
- Proof List
- Forms
- Export
- Commit – never needed just deletes information.



# Proof List

- Run the Proof List – make your print choices and click the PDF in the upper right.
- SSN Format allows you to choose to print full SSN, last 4, or do not print.
- Page break will print one employee to a page.
- The last page of Proof List will show Forms to Print which is the number of Forms to report in the Export step.



The screenshot shows a light blue rectangular panel. In the top right corner, there is a button with a PDF icon, the text 'PDF', and a downward arrow. Below this, on the left, is a label 'SSN Format' followed by a text input field containing the text 'Do Not Print'. Below the input field is a checkbox followed by the text 'Page break'.

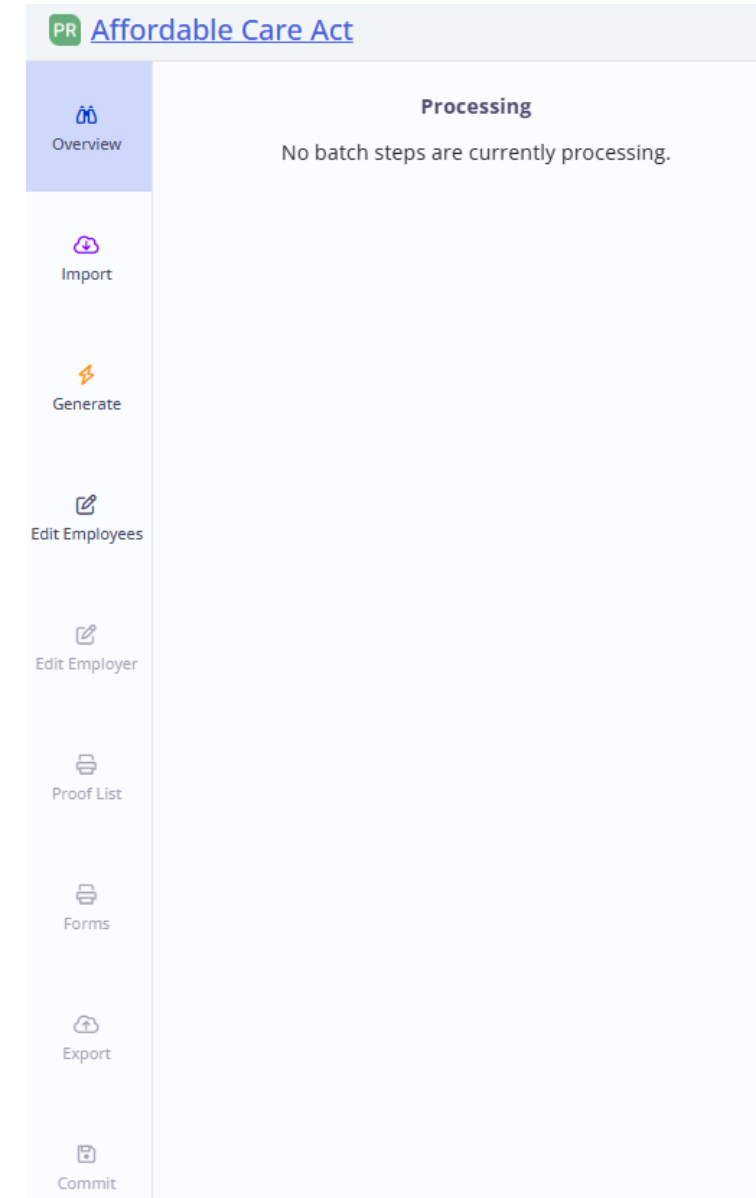
**Name**

---

**Forms to Print: 489**

# Affordable Care Act batch process

- Import or Generate
- Edit Employees
- Edit Employer
- Proof List
- Forms
- Export
- Commit – never needed just deletes information.





# Forms

**Many users find review of the information is easier by reviewing the Forms rather than the Proof List.**

- Forms will print in the order selected during the Import or Generate process.
- We have also added an additional page to print for employees that have more dependents than can fit on the standard form. This will only be important for clients that are considered self-insured and report dependents.

# Forms

- This step is where you print your employee forms.
- Be sure to keep the following in mind:
  - Federal Tax ID – no dashes
  - Name and Address – no special characters
- Select the Calendar (reporting) Year. Should be 2025.
- Forms will print in the order selected on the Import or Generate step.

The screenshot shows a web application interface for the 'Affordable Care Act' section. On the left is a vertical sidebar with icons and labels for 'Overview', 'Import', 'Generate', 'Edit Employees', 'Edit Employer', 'Proof List', and 'Forms'. The 'Forms' option at the bottom is highlighted in blue. The main area on the right contains a form with the following fields: 'Name\*' (Springbrook), 'Federal Tax ID\*' (396005599), 'Address 1\*' (300 E Main Street), 'Address 2' (empty), 'City\*' (Springbrook), 'State' (OR), 'Zip\*' (53590-\_\_\_\_), 'Phone' ((503) 820-2200), and 'Calendar Year' (2025).

PR Affordable Care Act	
Overview	Name* Springbrook
Import	Federal Tax ID* 396005599
Generate	Address 1* 300 E Main Street
	Address 2
Edit Employees	City* Springbrook
	State OR
Edit Employer	Zip* 53590-____
	Phone (503) 820-2200
Proof List	Calendar Year 2025
Forms	

# Forms print – Use a duplex printer

• Page 1

Page 1 - Backside

600225  
Page 2

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

**Employer-Provided Health Insurance Offer and Coverage**  
☐ VOID  
☐ CORRECTED  
OMB No 1545-2251  
**2025**

**Part I Employee**  
1 Name of employee (first name, middle initial, last name)  
Earl R Abbet  
2 Social security number (SSN)  
999-99-3826  
3 Street address (including apartment no.)  
730 So 21st St  
4 City or town  
Springbrook  
5 State or province  
OR  
6 Country and ZIP or foreign postal code  
97541-2566

**Applicable Large Employer Member (Employer)**  
7 Name of employer  
Springbrook  
8 Employer identification number (EIN)  
99-999991  
9 Street address (including room or suite no.)  
338 Main Peacock Streetz  
10 Contact telephone number  
(209) 728-3651  
11 City or town  
Springbrook  
12 State or province  
WI  
13 Country and ZIP or foreign postal code  
95247-9626

**Part II Employee Offer of Coverage**  
14 Offer of Coverage (enter required code)  
1A  
15 Employee Required Contribution (see instructions)  
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)  
2C  
17 ZIP Code

**Employee's Age on January 1** 43  
**Plan Start Month (Enter 2-digit number)** 01  
All 12 Months Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Form 1095-C (2025)

## Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered. In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit. If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, visit [www.irs.gov/aca](http://www.irs.gov/aca) or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

### Part I. Employee

**Lines 1-6.** Part I, lines 1-6, reports information about you, the employee.  
**Line 2.** This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

### Part I. Applicable Large Employer Member (Employer)

**Lines 7-13.** Part I, lines 7-13, reports information about your employer.  
**Line 10.** This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

### Part II. Employer Offer and Coverage, Lines 14-16

**Line 14.** The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

- 1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit [irs.gov](http://irs.gov).
- 1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).
- 1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.
- 1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).
- 1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.
- 1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).
- 1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on line 14.
- 1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).
- 1I. Reserved for future use.
- 1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).
- 1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).
- 1L. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence location ZIP code.
- 1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence location ZIP code.
- 1N. Individual coverage HRA offered to you, spouse and dependent(s) with affordability determined by using employee's primary residence location ZIP code.
- 1O. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.
- 1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.
- 1Q. Individual coverage HRA offered to you, spouse and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.
- 1R. Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependent(s).
- 1S. Individual coverage HRA offered to an individual who was not a full-time employee.
- 1T. Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.
- 1U. Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.
- 1V. Reserved for future use.
- 1W. Reserved for future use.
- 1X. Reserved for future use.
- 1Y. Reserved for future use.
- 1Z. Reserved for future use.

# Forms print – Use a duplex printer

• Page 2

Page 2 - Backside

Form 1095-C (2025)

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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.

X

(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
18	Depend	Depender	443-22-3234		<div>X</div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
19	Liam	Moriarty	999-99-3826		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
20	Earl	R Abbet	999-99-3826	2/14/1980	<div>X</div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
21					<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
22					<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
23					<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
24					<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
					<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Form 1095-C (2025)

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Instructions for Recipient (continued)

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest-cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit IRS.gov.

Line 17. This line reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary work location. For more information about individual coverage HRAs, visit IRS.gov.

Part III. Covered Individuals, Lines 18-30

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan. If the plan is "self-insured," a date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered.

If you report Self-Insured (dependents are included) additional pages may be printed if dependents cannot fit on the page provided.

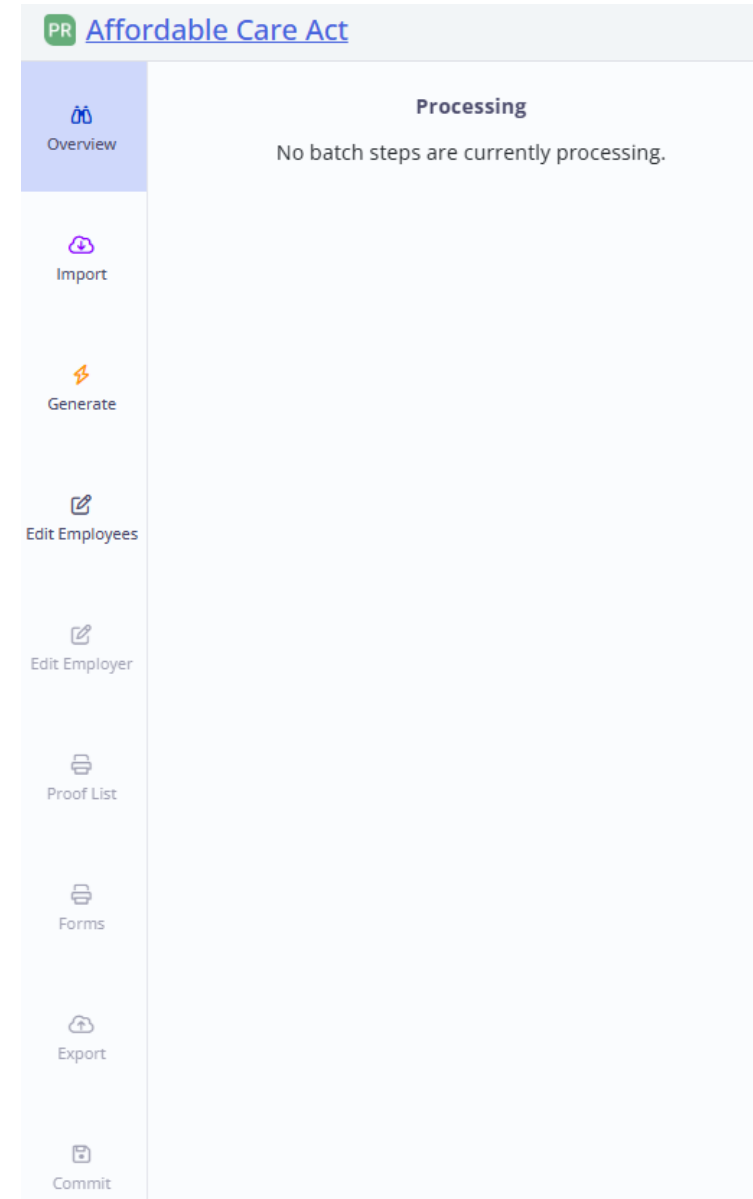
# IRS Filing on Paper

- If you have fewer than 10 forms, you are allowed to file on paper to the IRS.
- Complete the 1094C transmittal form from the IRS website.
  - Contains the same information as the Edit Employer window does in the ACA process.

<https://www.irs.gov/pub/irs-pdf/f1094c.pdf>
- Copy BOTH sides of the 1095C forms to submit.
  - IRS could send back if both sides are not included.
- Mail forms to the IRS.

# Affordable Care Act batch process

- Import or Generate
- Edit Employees
- Edit Employer
- Proof List
- Forms
- Export
- Commit – never needed just deletes information.



# Export

- Creates an Export file to upload to the IRS AIR system.
- Calendar Year – Year being reported.
- TCC – Your agencies Transmittal Control Code (not the same as 1099).
- Form Count – Number of forms
- Transmittal Type
  - Production – Normal selection
  - Test – Only used to test new TCC numbers
- Submission Type
  - Will only be available if the Import Step was marked as a Resubmission.
  - Resubmittal (uncommon)
  - Correction – Used to correct data if you received “Accepted with Errors” letter

SUBMIT

Calendar Year	2025
TCC*	Your TCC Number
Form Count	489
Transmittal Type	Production
Submission Type	Original
Form Type	1094/1095C

# Export – Form Type

- Choose to export either 1094/1095C or 1094/1095B.
- This is for electronic files only. If you need B forms for employees, you must create those outside of Springbrook.
- Speak with your tax advisor if you are unsure whether B or C applies to your organization.
- Springbrook Support cannot advise you which to file.

SUBMIT

Calendar Year

2025

TCC\*

Your TCC Number

Form Count

489

Transmittal Type

Production

Submission Type

Original


Form Type

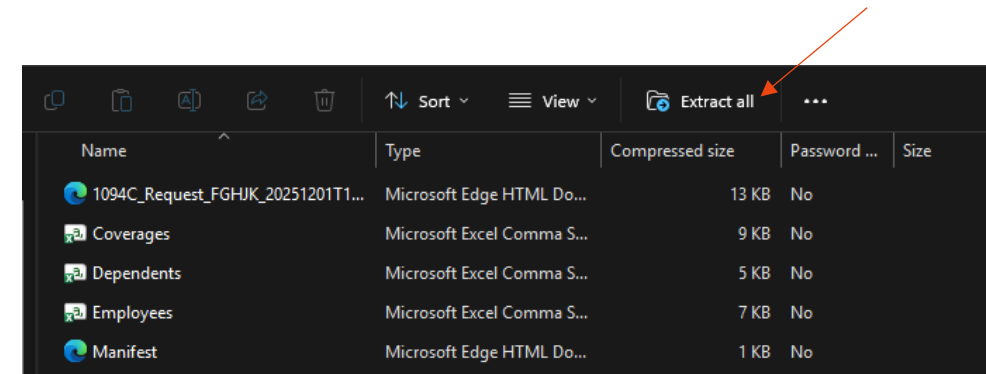
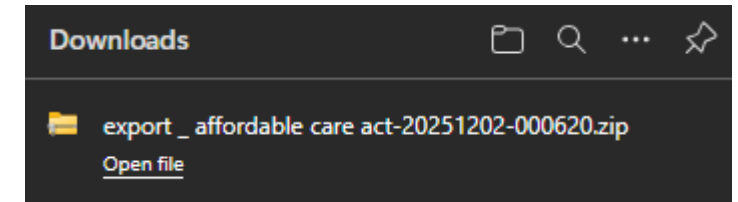
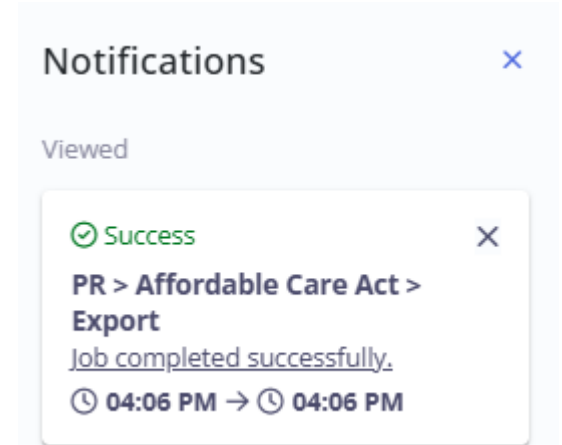
1094/1095C



# Export

Job ID	Details	Description	Status	Results
0000410771		Export / Affordable ...	Complete	Process completed successfully.

- Find your Export files in the Jobs Viewer and double click or from your Notification bell  and click on the “Job completed successfully.”
- This will download a zip file. Open file and “Extract All” to save in a folder you have assigned for keeping your files organized.
- Login to the IRS AIR system and transmit your 1094C (or 1094B if applicable) and Manifest files.
- You do NOT need to Commit your batch. Recommend leaving it there in the event you need to go back and Edit again.



# Parting Words...

- If your transmission is Rejected or Accepted with Errors, download and save the error message and email it to [Support@sprbrk.com](mailto:Support@sprbrk.com) to create a case. They will help you interpret the errors to fix your file.
- If you still need to file or correct a prior year, check with the IRS first on their expectations. Our software is programmed for 2025 filing year with 2025 identification only. This may not be acceptable for prior years.
- Do not commit or delete your batch. Save all documentation (exported files, transmission confirmations, receipt IDs, transmission errors etc.) in organized folders so they can be referred to, as necessary.

Questions?

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Thank you!