

## Affordable Care Act - TCC Testing Process

Updated November 17, 2021

- 1. You must wait 48 hours after receiving your TCC number to upload the testing file. You can complete the batch information during that period but do not export until the 48 hours is over.
- 2. Set up a new Affordable Care Act batch with a batch name of TCC Test (Generate a number batch number is not critical, just trying to have a number that won't be confused with your live batch).
- 3. Use the Import process to import the Employee and Coverages files to the new batch. Do not open in Excel (notepad is ok) before importing. You can also manually key the values in the Edit Employee window.



4. Open the Edit Employees window and add the Plan Start Month of 01. Make sure the SSN has enough leading zeros. The SSN is 000000701. Save the change.

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	E 12345 C	amen Scarlet	000000701	420 Falcon Lane	San Juan Ca	oistrano CA	92693	01	P Set Houres
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	7 .54	\$115.00 1	20						
	1 August	\$115.00 1	20						
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	10 October	\$115.00 1	20						
	11 November	\$115.00 1	20						
pender	nts								
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5. Open the Edit Employer window and complete the Employer and Contact tabs per the screenshots below Only fill out the fields marked on the sample with the information on the sample (do not use your information). Applicable Large Employer information on the grid.



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File Window Help											
- 2 * 0 9 2											
Employer Contact											
Signature PIN:			Aggregated group	,							
Person Title:			Qualifying offer								
Signature Date:	1.1	-	Qualifying offer tra	Insitio	on relief						
Request Type:	BUSINESS_TIN	-	Section 4980H tra	ansiti	on relief						
Authoritative			98% offer method								
Applicable Large	Employer	_		_							
Month	Total Employee	100	Bigible FTE Count		Min	Essential C	lovera				
January		103		90	Tes						
March		103		90	Tes						
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April		103		90	Vee						
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July		103		90	Yes						
August		103		90	Yes						
September		103		90	Yes						
October		103		90	Yes						
November		103		90	Yes						
December		103		90	Yes						
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					Batch: 0	0004.11.2	2021				

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Fil	e Window	Help				
	2 1	3 9 2				
E	mployer <u>C</u> or	lact				
F	irst Name:	Carla				
Ν	liddle Name:					
L	ast Name:	Hayes				
s	uffix:					
P	hone:	(555) 155-2899				
A	pplicable Lar	ge Employer				
	Month	7 Total Employee 7	Bigible FTE Count	1	In Essential	Covera
•	January	103	90	Yes		
	February	103	90	Yes		
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- 6. Run the Proof List.
- 7. On the Forms step fill out the information below. Again, do not use your information. The name is Carrtestfive.

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Print / Affordable Care Act _ = X										
File Window Help										
Organization Information										
Name:	Cantestfive									
Federal Tax ID:	000000710									
Address 1:	109 Cypress Cove									
Address 2:										
City:	Wimberley									
State:	TX 🔹									
Zip:	78676-									
Phone:	(555) 155-2899									
Calendar Year	2021									
	Batch: 00004.11.2021 ;;									

1095	-C	Emple	oyer-Pro	vided He	alth Insu	rance O	ffer and C	d Coverage					OMB No 1545-2251		
Department of the Tre	anury .	<ul> <li>Do not attach to your tax return. Keep for your records.</li> <li>Co to your the proof over 10550 for instructions and the latest information.</li> </ul>								CORRECTED			2021		
Part I Emp	iloyee						Ap	olicable Lan	ge Employer	Member (En	naloye	1			
1 Name of employee	first name, midd	le-initial, last name	0	2 Social se	curity number (33	N)	7 Name of employ	yer.				8 Empi	over identification	number (EIN)	
Scarlett		Camen		000-	00-0701		Carrtest	five				00-	0000710		
3 Street address (m	Juding apartment	ns.)					9 Street address i	(including room or	suite no.)			10 Corile	ni lelephone nur	ibor	
420 Falcos	Lane						109 Cypr	ess Cove				(55	5) 155-2	899	
4 Gity-ontown		State or province	0	Country	suntry and ZIP or tunsign postal code 11 City or town 12 Statis or pro			tovince 13 Cox			Country and ZIP or funsion postal co				
San Juan (	Capistrar	CA		9269	3-		Winberle	¥	TX			786	76-		
Part II Emp	loyee Offer	of Coverage					Plan Start	Month (Entr	r 2-digit num	berk	01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	0	ct.	Nov	Dec	
Coverage (antar required code)	11.														
15 Employee Roquired Contribution (see instructions)	5	5	5	5	s	5	\$	5	5	\$	\$		\$	s	
16 Section 4980H Sale Harbor and Other Ralief (anter code, if applicable)	2C														
17 ZIP Cade															

8. Export the information with the information below. Be sure to select Test for the Transmittal Type.

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File Window Help										
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Settings	Settings									
Calendar Year:	2021			\$						
TCC:	Your TCC Number									
Form Count:				2						
Transmittal Type:	Test			Ψ.						
Submission Type:	Original			-						
		Batch: 00	004.11.2	2021 .:						

- 9. After exporting, the exported data will be in your job viewer/scheduler. Double click on the file and save it to a place you can find it.
- Upload the exported Manifest and 1094 file to the IRS testing website. The Receipt process may take a half hour or more to complete. Once accepted you will need to call the IRS (866-937-4130) to give them your TCC and Accepted Receipt number. They will then change your TCC (Transmitter Control Code) number from a "Testing" status to "Production". That change will take 48 hours to complete.
- 11. When the 48 hours is completed, you can export and submit your Production file with your actual information.