

Form 1095-C Schema to Form Crosswalk  
March 2015

Form 1095-C XML Schema Elements <i>Form1095CUpstreamDetailType</i>	Form Line Number	eFile Type	eFile Type Definition	minOccurs	maxOccurs	Element Required or Optional	Description
<i>RecordId</i>	N/A	RecordIdType	nonNegativeInteger minInclusive value="1"	1	1	Required	A sequential number (non-negative integer) that uniquely identifies each record within a submission - every Form 1095-C requires a <i>RecordId</i> . <i>RecordId</i> should start at 1 and increment by 1 sequentially for each Form 1095-C in the submission.
<i>TestScenarioId</i>	N/A	TestScenarioIdType	string pattern [1-9]{1,2}-[0-9]{1,2}	0	1	Optional	The <i>TestScenarioId</i> is only applicable to transmissions submitted to AATS and identifies which test scenario the Form 1095-C represents.
<i>CorrectedInd</i>	N/A	boolean	boolean	1	1	Required	<i>CorrectedInd</i> is a boolean indicating if the record is an original (false or 0) or a correction (true or 1) to a record that the IRS has already received, processed, and accepted. The lexical representation of a boolean is allowed {true, false, 1, 0}.
<i>CorrectedRecordInfoGrp</i>	N/A	CorrectedRecordInfoGrpType	complexType	0	1	Optional	<i>CorrectedRecordInfoGrp</i> contains information to identify the submission being corrected.
<i>CorrectedUniqueRecordId</i>	N/A	UniqueRecordIdType	token pattern ([0-9a-zA-Z]{8}-[0-9a-zA-Z]{4}-[0-9a-zA-Z]{4}-[0-9a-zA-Z]{4})-[0-9a-zA-Z]{12}: SYS12:[A-Z-[AEIOU]]{2}[A-Z0-9-[AEIOU]]{3}::T\  [1-9]{1}[0-9]{0,15}\  [1-9]{1}[0-9]{0,1 5})	1	1	Required	<i>CorrectedRecordUniqueId</i> is the unique identifier of the record being corrected.
<i>CorrectedRecordPayeeName</i>	N/A	OtherCompletePersonNameType	complexType	0	1	Optional	The <i>CorrectedRecordPayeeName</i> is a complex element. It is not required. However, if it is included in the XML, the simple elements must follow the schema definition. This is the name of the person reported on the record being corrected.
<i>PersonFirstNm</i>	N/A	string	string, unbounded	1	1	Required	The <i>PersonFirstNm</i> is required if <i>CorrectedRecordPayeeName</i> is included in the XML. It is an unbounded string containing the first name of the person reported on the record being corrected.
<i>PersonMiddleNm</i>	N/A	string	string, unbounded	0	1	Optional	The <i>PersonMiddleNm</i> is not required. It is an unbounded string containing the middle name of the person reported on the record being corrected.
<i>PersonLastNm</i>	N/A	string	string, unbounded	1	1	Required	The <i>PersonLastNm</i> is required if <i>CorrectedRecordPayeeName</i> is included in the XML. It is an unbounded string containing the last name of the person reported on the record being corrected.
<i>SuffixNm</i>	N/A	string	string, unbounded	0	1	Optional	The <i>SuffixNm</i> is not required. It is an unbounded string containing the suffix name of the person reported on the record being corrected.
<i>CorrectedRecordPayeeTIN</i>	N/A	SSNType	string pattern [0-9]{9}	0	1	Optional	The <i>CorrectedRecordPayeeTin</i> is the SSN of the Payee that was reported on the record being corrected.
<i>TaxYr</i>	N/A	YearType	gYear 1000-9999 allowed	0	1	Optional	IRS <i>TaxYr</i> is the tax year for which the data on the Form 1095-C is being submitted.
<i>EmployeeInfoGrp</i>	N/A	EmployeeInformationGrpType	complexType	0	1	Optional	The <i>EmployeeInfoGrp</i> is a complex element. It contains information to identify the employee.
<i>OtherCompletePersonName</i>	N/A	OtherCompletePersonNameType	complexType	0	1	Optional	The <i>OtherCompletePersonName</i> is a complex element. It is not required. However, if it is included in the XML, the simple elements must follow the schema definition.

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<i>PersonFirstNm</i>	Line 1	string	string, unbounded	1	1	Required	The <i>PersonFirstNm</i> is required if <i>OtherCompletePersonName</i> is included in the XML. It is an unbounded string containing the first name of the employee.
<i>PersonMiddleNm</i>	Line 1	string	string, unbounded	0	1	Optional	The <i>PersonMiddleNm</i> is not required. It is an unbounded string containing the middle name of the employee.
<i>PersonLastNm</i>	Line 1	string	string, unbounded	1	1	Required	The <i>PersonLastNm</i> is required if <i>OtherCompletePersonName</i> is included in the XML. It is an unbounded string containing the last name of the employee.
<i>SuffixNm</i>	Line 1	string	string, unbounded	0	1	Optional	The <i>SuffixNm</i> is not required. It is an unbounded string containing the suffix name of the employee.
<i>PersonNameControlTxt</i>	N/A	PersonNameControlType	string length value = "4"	0	1	Optional	The <i>PersonNameControlTxt</i> is a string that conforms to the pattern described in the XML Schema.
<i>TINRequestTypeCd</i>	N/A	TINRequestTypeCodeType	enumerated string enumerations allowed: INDIVIDUAL_TIN BUSINESS_TIN UNKNOWN	0	1	Optional	The <i>TINRequestTypeCd</i> is a code used to identify the TIN Request Type of the employee. The code for the Employee should be INDIVIDUAL_TIN.
<i>SSN</i>	Line 2	SSNType	string pattern [0-9]{9}	0	1	Optional	The <i>SSN</i> is the 9 digit Social Security Number or Taxpayer Identification Number of the employee.
<i>MailingAddressGrp</i>	Lines 3-6	BusinessAddressGrpType	complexType	0	1	Optional	<i>MailingAddressGrp</i> is a choice of <i>USAddressGrp</i> or <i>ForeignAddressGrp</i> .
<i>USAddressGrp</i>	N/A	USAddressGrpType	complexType	1	1	Required	<i>USAddressGrp</i> or <i>ForeignAddressGrp</i> simple elements are only required if the XML includes <i>MailingAddressGrp</i> . Note: either <i>USAddressGrp</i> or <i>ForeignAddressGrp</i> simple elements are required - not both - depending on the address.
<i>AddressLine1Txt</i>	Line 3	string	string, unbounded	1	1	Required	<i>AddressLine1Txt</i> is the first line containing the street address of the employee. This simple element is required if the XML includes <i>USAddressGrp</i> .
<i>AddressLine2Txt</i>	Line 3	string	string, unbounded	0	1	Optional	<i>AddressLine2Txt</i> is an optional second line containing the street address of the employee.
<i>CityNm</i>	Line 4	CityType	string up to 22 characters allowed pattern ([A-Za-z] ?)*[A-Za-z]	1	1	Required	<i>CityNm</i> is the name of the city of the employee. This simple element is required if the XML includes <i>USAddressGrp</i> .
<i>USStateCd</i>	Line 5	USStateCdType	enumerated string 2 characters required The Standard Postal Service State Abbreviations and ZIP code list can be found on IRS.gov at <a href="http://www.irs.gov/pub/irs-utl/zip_code_and_state_abbreviations.pdf">http://www.irs.gov/pub/irs-utl/zip code and state abbreviations.pdf</a>	1	1	Required	<i>USStateCd</i> is the abbreviation for the state, US Territory, or Military designation of the employee. This simple element is required if the XML includes <i>USAddressGrp</i> .
<i>USZIPCd</i>	Line 6	USZIPCdType	string 5 characters required pattern [0-9]{5}	1	1	Required	<i>USZIPCd</i> is the 5-digit zip code for the address of the employee. This simple element is required if the XML includes <i>USAddressGrp</i> .
<i>USZIPExtensionCd</i>	Line 6	USZIPExtensionCdType	string pattern [0-9]{4}	0	1	Optional	<i>USZIPExtensionCd</i> is the 4-digit extension zip code for the address of the employee.
<i>ForeignAddressGrp</i>	N/A	ForeignAddressGrpType	complexType	1	1	Required	<i>USAddressGrp</i> or <i>ForeignAddressGrp</i> simple elements are only required if the XML includes <i>MailingAddressGrp</i> . Note: either <i>USAddressGrp</i> or <i>ForeignAddressGrp</i> simple elements are required - not both - depending on the address.

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<i>AddressLine1Txt</i>	Line 3	string	string, unbounded	1	1	Required	<i>AddressLine1Txt</i> is the first line containing the street address of the employee. This simple element is required if the XML includes <i>ForeignAddressGrp</i> .
<i>AddressLine2Txt</i>	Line 3	string	string, unbounded	0	1	Optional	<i>AddressLine2Txt</i> is an optional second line containing the street address of the employee.
<i>CityNm</i>	Line 4	CityType	string up to 22 characters allowed pattern ([A-Za-z] ?)*[A-Za-z]	0	1	Optional	<i>CityNm</i> is the name of the city of the employee.
<i>CountryCd</i>	Line 6	CountryCodeType	choice (with <i>CountryName</i> ) string, unbounded	1	1	Required	<i>CountryCd</i> is the Foreign Country Code of the employee. This simple element or <i>CountryName</i> is required if the XML includes <i>ForeignAddressGrp</i> . The Foreign Country Code list can be found on <b>IRS.gov at <a href="http://www.irs.gov/Tax-Professionals/e-File-Providers-&amp;Partners/Foreign-Country-Code-Listing-for-Modernized-e-File">http://www.irs.gov/Tax-Professionals/e-File-Providers-&amp;Partners/Foreign-Country-Code-Listing-for-Modernized-e-File</a></b> .
<i>CountryName</i>	Line 6	string	choice (with <i>CountryCd</i> ) string, unbounded	1	1	Required	<i>CountryName</i> is the Foreign Country Name of the employee. This simple element or <i>CountryCd</i> is required if the XML includes <i>ForeignAddressGrp</i> . The Foreign Country Name list can be found on <b>IRS.gov at <a href="http://www.irs.gov/Tax-Professionals/e-File-Providers-&amp;Partners/Foreign-Country-Code-Listing-for-Modernized-e-File">http://www.irs.gov/Tax-Professionals/e-File-Providers-&amp;Partners/Foreign-Country-Code-Listing-for-Modernized-e-File</a></b> .
<i>ForeignProvinceNm</i>	Line 5	string	string, unbounded	0	1	Optional	<i>ForeignProvinceNm</i> is the name of the Province of the address of the employee.
<i>ForeignPostalCd</i>	Line 6	string	string, unbounded	0	1	Optional	<i>ForeignPostalCd</i> is the name of the foreign postal code of the address of the employee.
The ALE Member information will be populated from Form 1094-C.	Lines 7-13	N/A	N/A	N/A	N/A	N/A	N/A
<i>ALEContactPhoneNum</i>	Line 10	ContactPhoneNumberType	string minLength="10" maxLength="15" pattern ([0-9])*	0	1	Optional	<i>ALEContactPhoneNum</i> is the phone number for the Applicable Large Employer Member who can be contacted about the information reported on the form.
<i>EmployeeOfferAndCoverageGrp</i>	Lines 14 - 16	EmployeeOfferAndCoverageGrpType	complexType	0	1	Optional	The complex element <i>EmployeeOfferAndCoverageGrp</i> contains the information by each month of the year to specify the type of coverage, if any, offered to an employee, the employee's spouse and the employee's dependents.
<i>AnnualOfferOfCoverageCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator that applies. Enter the applicable code in the "All 12 Months" box if it applies.
<i>MonthlyOfferCoverageGrp</i>	Line 14	OfferCoverageByMonthType	complexType	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in the "All 12 Months" box or in each of the 12 boxes for the calendar months that apply.
<i>JanOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.
<i>FebOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.

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<i>MarOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.
<i>AprOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.
<i>MayOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.
<i>JunOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.
<i>JulOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.
<i>AugOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.
<i>SepOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.
<i>OctOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.
<i>NovOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.
<i>DecOfferCd</i>	Line 14	OfferCoverageType	string maxLength="2" Code Series: "1A", "1B", "1C", "1D", "1E", "1F", "1G", "1H", "1I"	0	1	Optional	Enter the Code Series 1 indicator code corresponding to the type of coverage offered in each of the 12 boxes for the calendar months that apply.
<i>AnnlShrLowestCostMthlyPremAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in "All 12 Months" box if it was the same for every month of the year.
<i>MonthlyShareOfLowestCostMonthlyPremGrp</i>	Line 15	AmountByMonthDetailType	complexType	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.

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<i>JanuaryAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>FebruaryAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>MarchAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>AprilAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>MayAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>JuneAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>JulyAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>AugustAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>SeptemberAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>OctoberAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>NovemberAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.

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<i>DecemberAmt</i>	Line 15	AmountType	decimal max length="19" max length decimal digits ="2"	0	1	Optional	Complete only if code 1B, 1C, 1D or 1E is entered on line 14. If the employee is offered coverage but is not required to contribute any amount towards the premium, enter 0.00, cannot leave blank. Values must be entered as dollars and any cents. Enter premium amount in each month separately if not the same for all 12 months.
<i>AnnualSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in the "All 12 Months" box if it applies.
<i>MonthlySafeHarborGrp</i>	Line 16	MonthlySafeHarborCdType	complexType	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>JanSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>FebSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>MarSafeHaborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>AprSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>MaySafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>JunSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>JulSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>AugSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>SepSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>OctSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.



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<i>NovSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>DecSafeHarborCd</i>	Line 16	SafeHarborCdType	"string" enumeration value Code Series 2: "2A", "2B", "2C", "2D", "2E", "2F", "2G", "2H", "2I"	0	1	Optional	Enter the Code Series 2 indicator that applies. Enter the applicable code in each monthly box for which it applies. If none of the codes apply for a calendar month, leave the line blank for that month.
<i>CoveredIndividualInd</i>	N/A	CheckboxType	enumerated string enumeration="X"	0	1	Optional	Enter "X" in the check box of Part III only if the employer offers employer-sponsored self-insured health coverage in which the employee or other individual is enrolled.
<i>CoveredIndividualGrp</i>	Lines 17-22	EmployerCoveredIndividualType	complexType	0	999	Optional	<i>EmployerCoveredIndividual</i> is a complex element. It allows for up to 999 covered individuals to be submitted for each employee listed.
<i>CoveredIndividualName</i>	N/A	OtherCompletePersonNameType	complexType	0	1	Optional	Enter the name of each covered individual.
<i>PersonFirstNm</i>	Lines 17(a)- 22(a)	string	string, unbounded	1	1	Required	The <i>PersonFirstNm</i> is required if <i>CoveredIndividualName</i> is included in the XML. It is an unbounded string containing the first name of the covered individual.
<i>PersonMiddleNm</i>	Lines 17(a)- 22(a)	string	string, unbounded	0	1	Optional	The <i>PersonMiddleNm</i> is not required. It is an unbounded string containing the middle name of the covered individual.
<i>PersonLastNm</i>	Lines 17(a)- 22(a)	string	string, unbounded	1	1	Required	The <i>PersonLastNm</i> is required if <i>CoveredIndividualName</i> is included in the XML. It is an unbounded string containing the last name of the covered individual.
<i>SuffixNm</i>	Lines 17(a)- 22(a)	string	string, unbounded	0	1	Optional	The <i>SuffixNm</i> is not required. It is an unbounded string containing the suffix name of the contact person.
<i>PersonNameControlTxt</i>	N/A	PersonNameControlType	string, with 4 characters generated	0	1	Optional	The <i>PersonNameControlTxt</i> is a string that conforms to the pattern described in the XML Schema.
<i>TINRequestTypeCd</i>	N/A	TINRequestTypeCodeType	enumerated string enumerations allowed: INDIVIDUAL_TIN BUSINESS_TIN UNKNOWN	0	1	Optional	The <i>TINRequestTypeCd</i> is a string that conforms to the pattern described in the XML Schema. The enumeration for the covered individual should be INDIVIDUAL_TIN.
<i>SSN</i>	Lines 17(b)- 22(b)	SSNType	string pattern [0-9]{9}	0	1	Optional	Enter the 9-digit <i>SSN</i> for each covered individual. For covered individuals who are not the employee listed in Part I, a Taxpayer Identification Number (TIN), rather than an SSN, may be entered if the covered individual does not have an SSN.
<i>BirthDt</i>	Lines 17(c)- 22(c)	DateType	date pattern [1-9][0-9]{3}\-.*	0	1	Optional	Enter a date of birth for the covered individual only if SSN in column (b) is blank.
<i>CoveredIndividualAnnualInd</i>	Lines 17(d)- 22(d)	CheckboxType	string enumeration value="X"	0	1	Optional	Check this box if the individual was covered for at least one day per month for all 12 months of the calendar year.
<i>CoveredIndividualMonthlyInd</i>	N/A	MonthIndGrpType	complexType	0	1	Optional	<i>CoveredIndividualMonthlyInd</i> is a complex element. It shows each month the individual was covered for at least one day in each month listed.
<i>JanuaryInd</i>	Lines 17(e)- 22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.
<i>FebruaryInd</i>	Lines 17(e)- 22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.
<i>MarchInd</i>	Lines 17(e)- 22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.
<i>AprilInd</i>	Lines 17(e)- 22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.

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<i>MayInd</i>	Lines 17(e)-22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.
<i>JuneInd</i>	Lines 17(e)-22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.
<i>JulyInd</i>	Lines 17(e)-22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.
<i>AugustInd</i>	Lines 17(e)-22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.
<i>SeptemberInd</i>	Lines 17(e)-22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.
<i>OctoberInd</i>	Lines 17(e)-22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.
<i>NovemberInd</i>	Lines 17(e)-22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.
<i>DecemberInd</i>	Lines 17(e)-22(e)	CheckboxType	string enumeration value="X"	0	1	Optional	This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day.
<i>recordType</i>	N/A	string	string	1	1	Required	The underlying COTS product requires the <i>recordType</i> and <i>lineNum</i> attributes for every record in the file. These attributes are constants:  <i>recordType</i> = "" <i>lineNum</i> = "0"
<i>lineNum</i>	N/A	string	integer	1	1	Required	
Depending on the developmental tool used there may be a compatibility issue and the displayed results may differ with the filing patterns shown.							