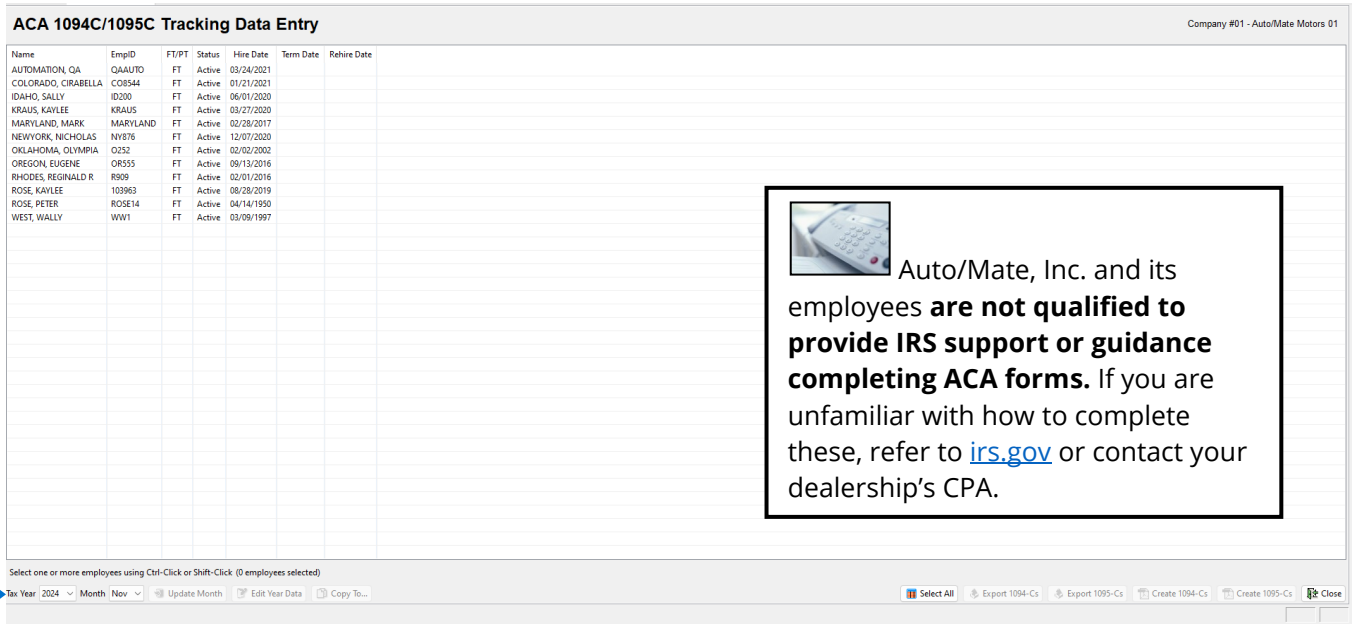
Affordable Care Act (ACA) Processing

To activate the option for Printing/Exporting 1095C and the 1094C, you will need to sign up with Auto/Mate.

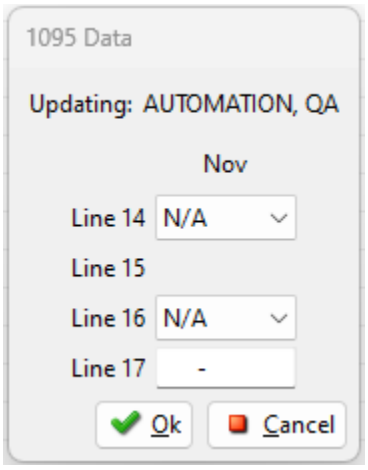
The steps outlined below will review the ACA Tracking process.

1. To enter **1095 Data**, select the appropriate **Employee**.
2. Select/modify the **Month** and/or **Year** data.

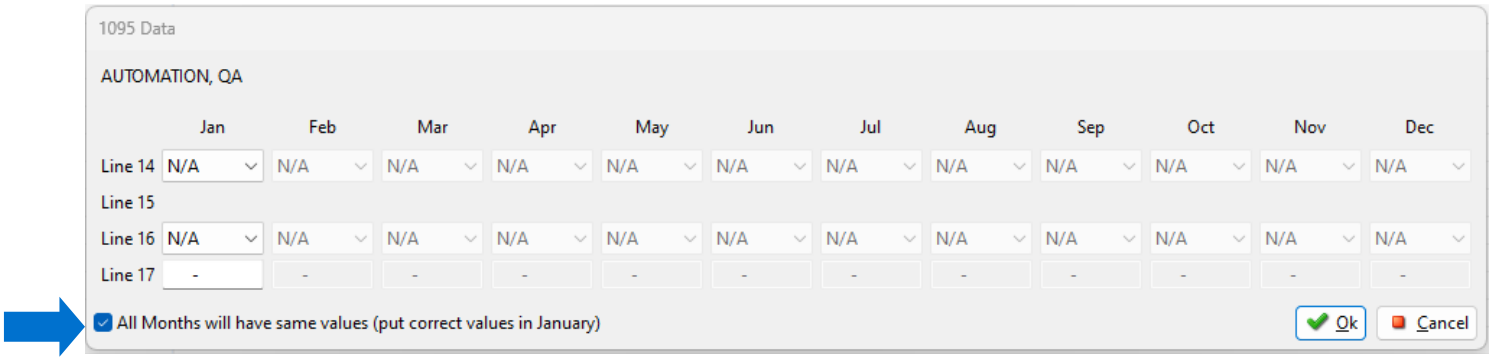


Auto/Mate, Inc. and its employees **are not qualified to provide IRS support or guidance completing ACA forms.** If you are unfamiliar with how to complete these, refer to irs.gov or contact your dealership's CPA.

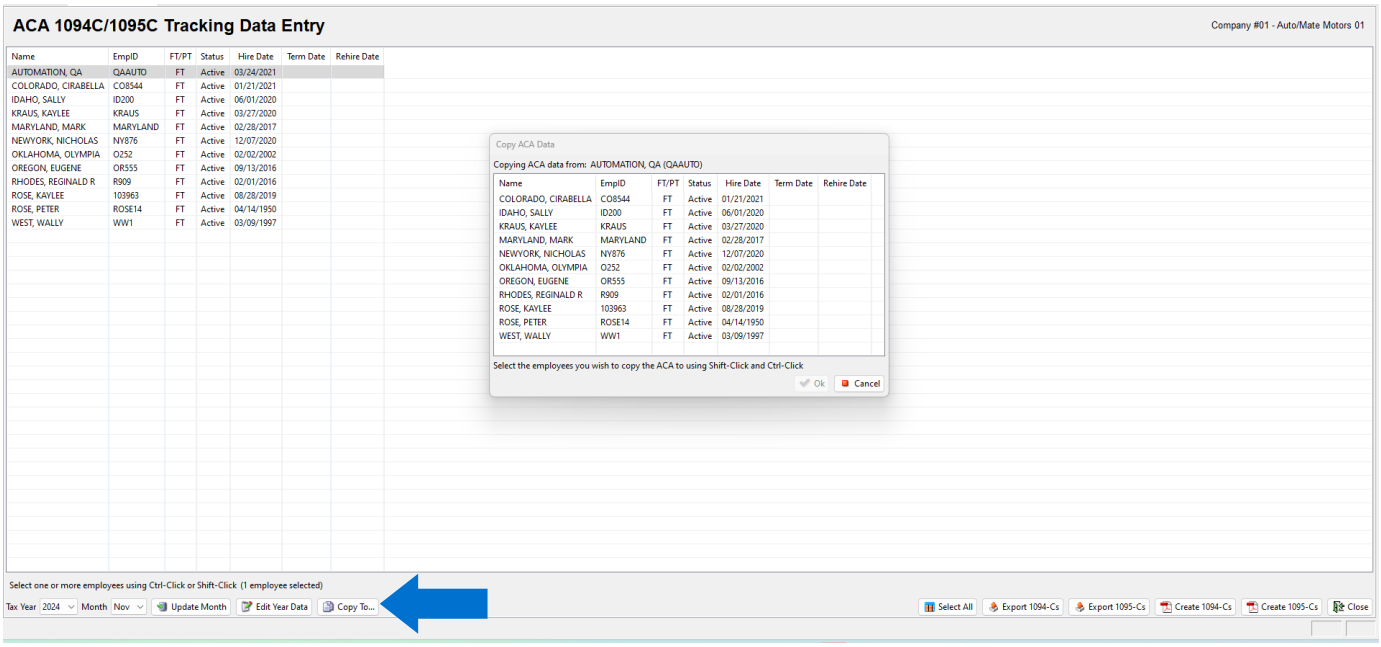
Update Month



Modify Year Data



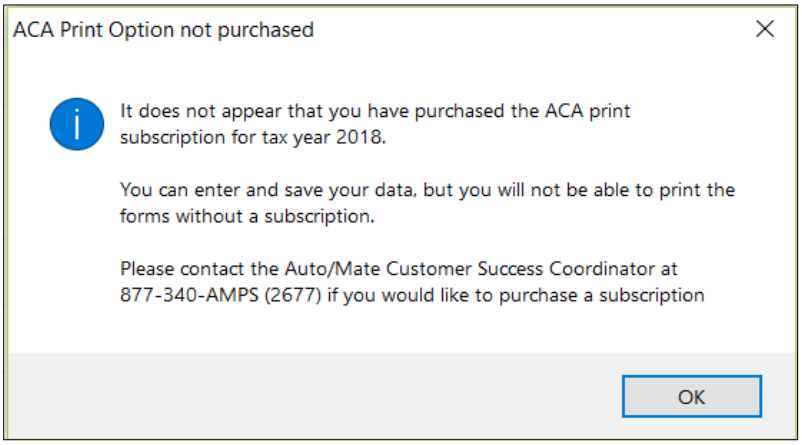
Data can be modified by **Year**. If all values are the same for the year, click on the **All Months Will Have the Same Values** checkbox to prepopulate information for all months. Clicking **Copy To** allows you to copy information from one employee to other employees if values are the same. You can also select this box to copy it to all the other months and then uncheck it and change individual months if you have only a few months that have a different setting.



Select one or more **employees** by clicking **Ctrl** and (**Click**) highlight the employee(s) or click **Shift** and click. The screen will show how many employees have been selected.

To activate the option for **Printing 1095C** and the **1094C**, you will need to sign up with Auto/Mate.

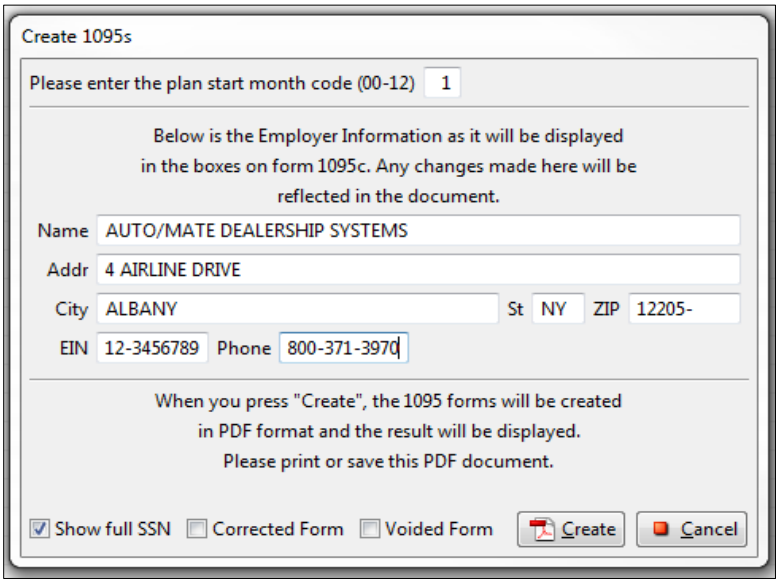
If printing has not been activated, when clicking on **Create 1095-Cs**, a message will display explaining that the print subscription has not been purchased. *Please contact the Auto/Mate Customer Success Coordinator at 877-340-AMPS (2677) if you would like to purchase a Printing subscription.*



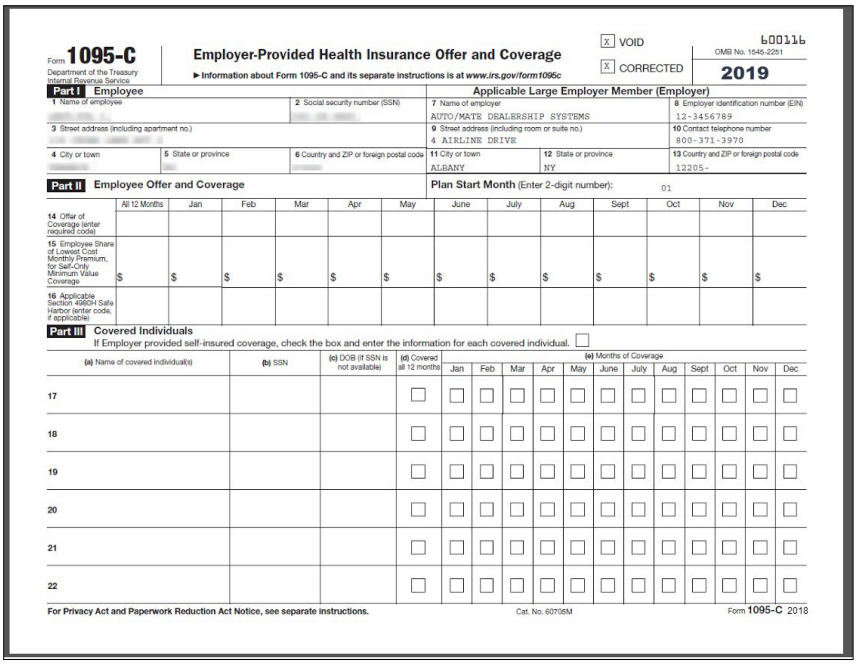
Auto/Mate is not handling the 1095B/1094B version (Part 3 of Form - self-insured businesses).

Printing 1095-C

Once printing is activated, click on **Create 1095-Cs**. Verify the **Employer Information** is accurate.



Show Full SSN: Clicking this checkbox allows you to print forms with the **full SSN**.
Corrected Form: Marks the part of the form that says **Corrected**.
Voided Form: Marks the form that shows **Void**.
This will produce a PDF with the one or multiple employees selected.
The PDF displays on the screen. Forms will print on plain paper.



Form **1095-C** — Employer-Provided Health Insurance Offer and Coverage

Department of the Treasury Internal Revenue Service

► Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

[X] VOID [X] CORRECTED

OMB No. 1545-2251

2019

Part I Employee

1 Name of employee	2 Social security number (SSN)
[redacted]	[redacted]
3 Street address (including apartment no.)	
[redacted]	
4 City or town	5 State or province
[redacted]	[redacted]

6 Country and ZIP or foreign postal code
[redacted]

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
AUTO/MATE DEALERSHIP SYSTEMS	12-3456789
9 Street address (including room or suite no.)	10 Contact telephone number
4 AIRLINE DRIVE	800-371-3970

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
ALBANY	NY	12205-

Part II Employee Offer and Coverage

Plan Start Month (Enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage		$	$	$	$	$	$	$	$	$	$	$	$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Part III Covered Individuals

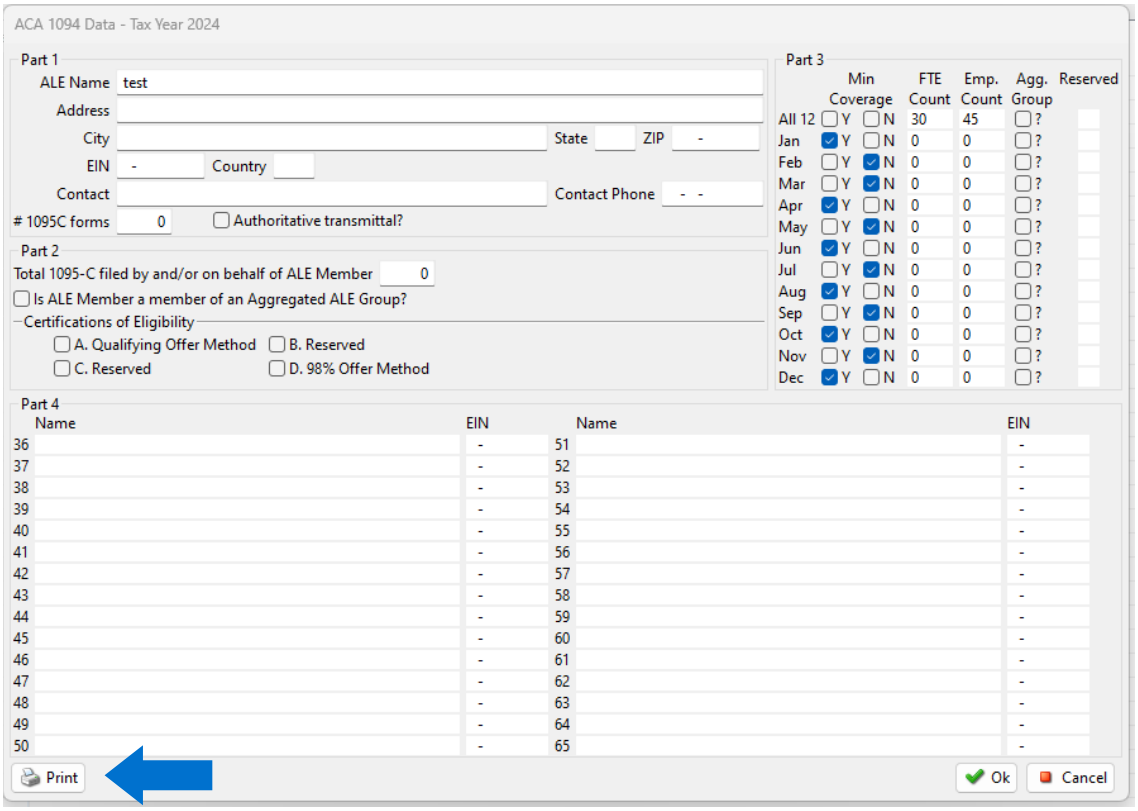
If Employer provided self-insured coverage, check the box and enter the information for each covered individual. ☐

	(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C 2018

Printing 1094-C

Once **1094-C** is selected, a screen displays to verify the dealership information is correct and to complete any additional items required on the form by typing directly in the applicable fields. Clicking **Print** displays the completed PDF form. This PDF will also print on plain paper.



ACA 1094 Data - Tax Year 2024

Part 1

ALE Name: test
Address:
City: State: ZIP: -
EIN: - Country:
Contact: Contact Phone: - -
1095C forms: 0 ☐ Authoritative transmittal?

Part 2

Total 1095-C filed by and/or on behalf of ALE Member: 0
☐ Is ALE Member a member of an Aggregated ALE Group?
Certifications of Eligibility
☐ A. Qualifying Offer Method ☐ B. Reserved
☐ C. Reserved ☐ D. 98% Offer Method

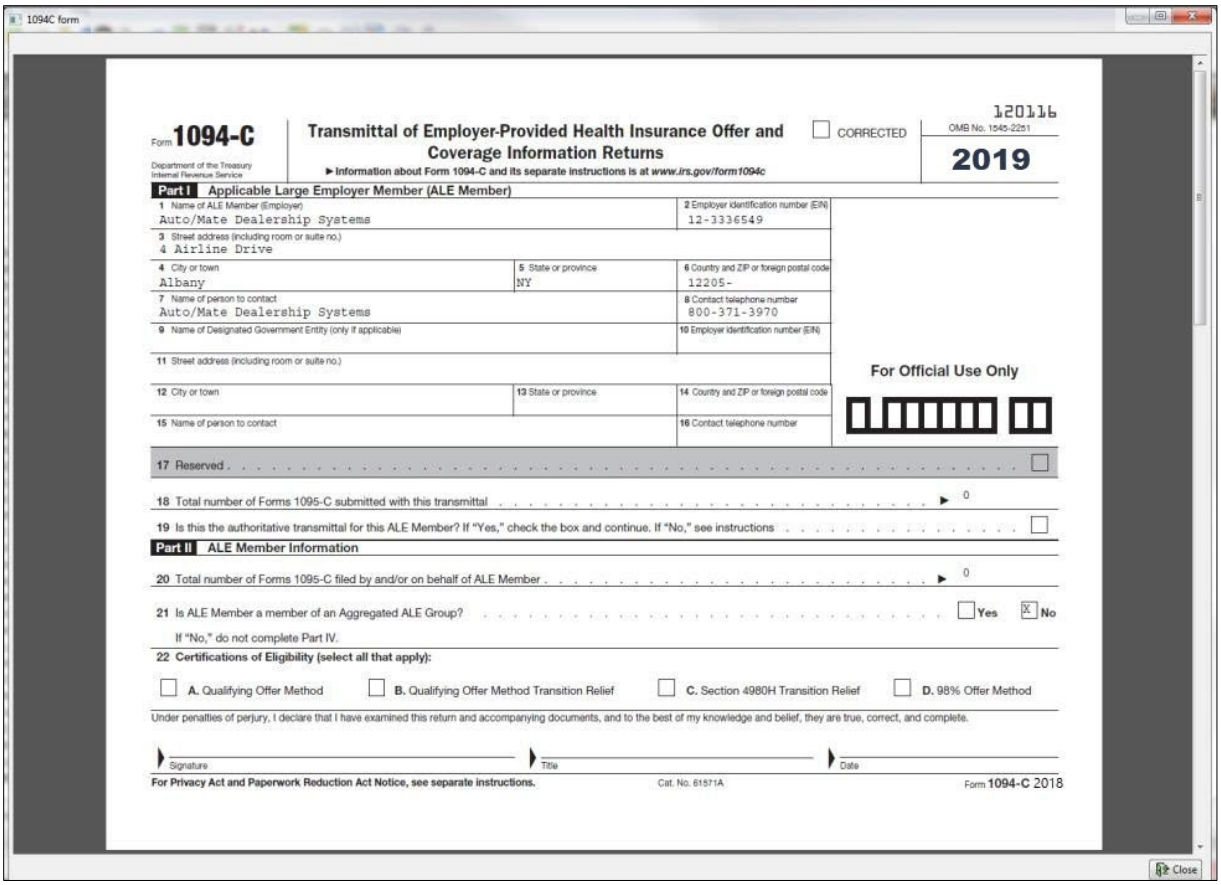
Part 3

	Min Coverage		FTE Count	Emp. Count	Agg. Group	Reserved
All 12	☐ Y	☐ N	30	45	☐ ?	
Jan	☑ Y	☐ N	0	0	☐ ?	
Feb	☐ Y	☑ N	0	0	☐ ?	
Mar	☐ Y	☑ N	0	0	☐ ?	
Apr	☑ Y	☐ N	0	0	☐ ?	
May	☐ Y	☑ N	0	0	☐ ?	
Jun	☑ Y	☐ N	0	0	☐ ?	
Jul	☐ Y	☑ N	0	0	☐ ?	
Aug	☑ Y	☐ N	0	0	☐ ?	
Sep	☐ Y	☑ N	0	0	☐ ?	
Oct	☑ Y	☐ N	0	0	☐ ?	
Nov	☐ Y	☑ N	0	0	☐ ?	
Dec	☑ Y	☐ N	0	0	☐ ?	

Part 4

	Name	EIN		Name	EIN
36		-	51		-
37		-	52		-
38		-	53		-
39		-	54		-
40		-	55		-
41		-	56		-
42		-	57		-
43		-	58		-
44		-	59		-
45		-	60		-
46		-	61		-
47		-	62		-
48		-	63		-
49		-	64		-
50		-	65		-

Print Ok Cancel



1094C form

Form **1094-C**

Department of the Treasury
Internal Revenue Service

Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

► Information about Form 1094-C and its separate instructions is at *www.irs.gov/form1094c*

☐ CORRECTED

120116

OMB No. 1545-2251

2019

Part I Applicable Large Employer Member (ALE Member)

1 Name of ALE Member (Employer): Auto/Mate Dealership Systems	2 Employer identification number (EIN): 12-3336549
3 Street address (including room or suite no.): 4 Airline Drive	
4 City or town: Albany / 5 State or province: NY	6 Country and ZIP or foreign postal code: 12205-
7 Name of person to contact: Auto/Mate Dealership Systems	8 Contact telephone number: 800-371-3970
9 Name of Designated Government Entity (only if applicable)	10 Employer identification number (EIN)
11 Street address (including room or suite no.)	
12 City or town / 13 State or province	14 Country and ZIP or foreign postal code
15 Name of person to contact	16 Contact telephone number

For Official Use Only

17 Reserved . . . ☐

18 Total number of Forms 1095-C submitted with this transmittal . . . ► 0

19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions . . . ☐

Part II ALE Member Information

20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member . . . ► 0

21 Is ALE Member a member of an Aggregated ALE Group? . . . ☐ Yes ☒ No

If "No," do not complete Part IV.

22 **Certifications of Eligibility (select all that apply):**

☐ **A.** Qualifying Offer Method ☐ **B.** Qualifying Offer Method Transition Relief ☐ **C.** Section 4980H Transition Relief ☐ **D.** 98% Offer Method

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature / Title / Date

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 61571A Form **1094-C** 2018

Close