

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.

ACA 1094C/1095C Tracking Data Entry Company #01 - Auto/Mate Motors 01

Name	EmpID	FT/PT	Status	Hire Date	Term Date	Rehire Date
AUTOMATION, QA	QA0010	FT	Active	03/24/2021		
COLORADO, CIRABELLA	CO0544	FT	Active	01/21/2021		
IDAHO, SALLY	ID0200	FT	Active	06/01/2020		
KRAUS, KAYLEE	KRAUS	FT	Active	03/27/2020		
MARYLAND, MARK	MARYLAND	FT	Active	02/28/2017		
NEWYORK, NICHOLAS	NY0376	FT	Active	12/07/2020		
OKLAHOMA, OLYMPIA	OK0232	FT	Active	02/02/2002		
OREGON, EUGENE	OR0555	FT	Active	09/13/2016		
RHODES, REGINALD R	RH0909	FT	Active	02/01/2016		
ROSE, KAYLEE	RO0963	FT	Active	08/28/2019		
ROSE, PETER	RO0614	FT	Active	04/14/1950		
WEST, WALLY	WW01	FT	Active	03/09/1997		



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](https://www.irs.gov) or contact your dealership's CPA.

Select one or more employees using Ctrl-Click or Shift-Click (0 employees selected)

Tax Year: 2024 | Month: Nov | Update Month | Edit Year Data | Copy To...

Select All | Export 1094-Cs | Export 1095-Cs | Create 1094-Cs | Create 1095-Cs | Close

Update Month

1095 Data

Updating: AUTOMATION, QA

Nov

Line 14: N/A

Line 15:

Line 16: N/A

Line 17: -

Modify Year Data

1095 Data

AUTOMATION, QA

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Line 14

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Line 15

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Line 16

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Line 17

-

-

-

-

-

-

-

-

-

-

-

☒ All Months will have same values (put correct values in January)

Ok

Cancel

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.

ACA 1094C/1095C Tracking Data Entry

Company #01 - Auto/Mate Motors 01

Name	EmpID	FT/PT	Status	Hire Date	Term Date	Rehire Date
AUTOMATION, QA	QAAUTO	FT	Active	03/24/2021		
COLORADO, CIRABELLA	CO8544	FT	Active	01/21/2021		
IDAHO, SALLY	ID200	FT	Active	06/01/2020		
KRAUS, KAYLEE	KRAUS	FT	Active	03/27/2020		
MARYLAND, MARK	MARYLAND	FT	Active	02/28/2017		
NEWYORK, NICHOLAS	NY876	FT	Active	12/07/2020		
OKLAHOMA, OLYMPIA	O252	FT	Active	02/02/2002		
OREGON, EUGENE	OR555	FT	Active	09/13/2016		
RHODES, REGINALD R	R909	FT	Active	02/01/2016		
ROSE, KAYLEE	103963	FT	Active	08/28/2019		
ROSE, PETER	ROSE14	FT	Active	04/14/1990		
WEST, WALLY	WW1	FT	Active	03/09/1997		

Copy ACA Data

Copying ACA data from: AUTOMATION, QA (QAAUTO)

Name	EmpID	FT/PT	Status	Hire Date	Term Date	Rehire Date
COLORADO, CIRABELLA	CO8544	FT	Active	01/21/2021		
IDAHO, SALLY	ID200	FT	Active	06/01/2020		
KRAUS, KAYLEE	KRAUS	FT	Active	03/27/2020		
MARYLAND, MARK	MARYLAND	FT	Active	02/28/2017		
NEWYORK, NICHOLAS	NY876	FT	Active	12/07/2020		
OKLAHOMA, OLYMPIA	O252	FT	Active	02/02/2002		
OREGON, EUGENE	OR555	FT	Active	09/13/2016		
RHODES, REGINALD R	R909	FT	Active	02/01/2016		
ROSE, KAYLEE	103963	FT	Active	08/28/2019		
ROSE, PETER	ROSE14	FT	Active	04/14/1990		
WEST, WALLY	WW1	FT	Active	03/09/1997		

Select the employees you wish to copy the ACA to using Shift-Click and Ctrl-Click

Ok Cancel

Select one or more employees using Ctrl-Click or Shift-Click (1 employee selected)

Tax Year: 2024

Month: Nov

Update Month

Edit Year Data

Copy To...

Select All

Export 1094-Cs

Export 1095-Cs

Create 1094-Cs

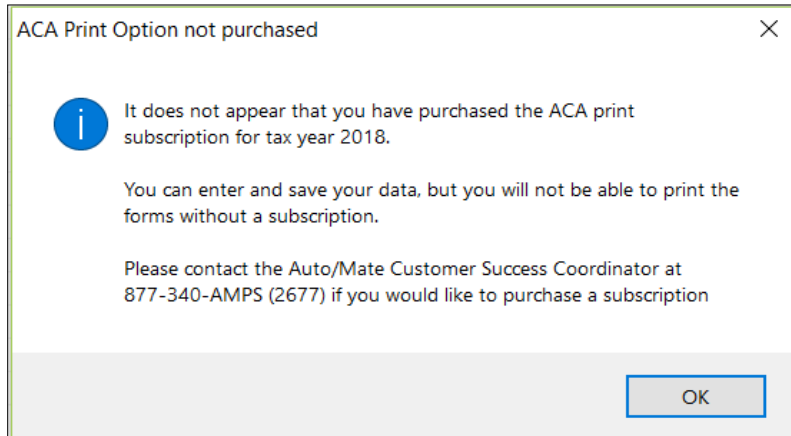
Create 1095-Cs

Close

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.

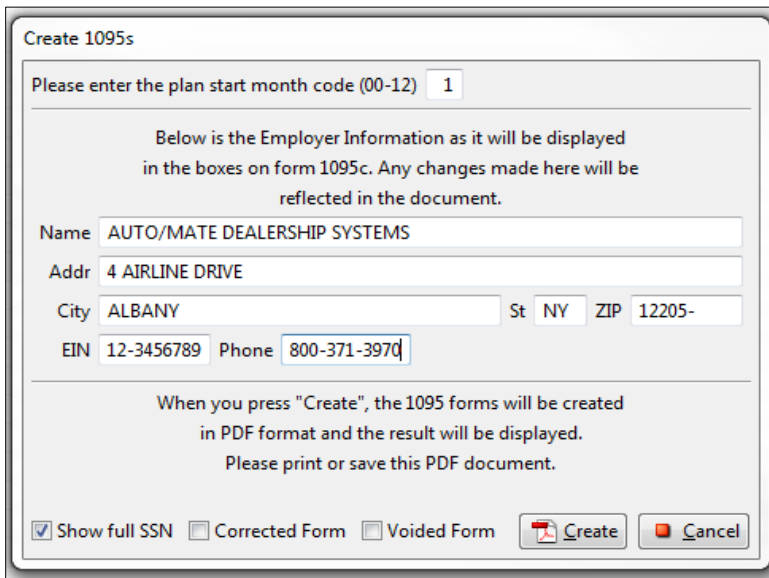
If printing has not been activated, when clicking on **Create 1095-Cs**, a message will display explaining that the print subscription has not been purchased. *Please contact the Auto/Mate Customer Success Coordinator at 877-340-AMPS (2677) if you would like to purchase a Printing subscription.*



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.



Create 1095s

Please enter the plan start month code (00-12)

Below is the Employer Information as it will be displayed in the boxes on form 1095c. Any changes made here will be reflected in the document.

Name

Addr

City St ZIP

EIN Phone

When you press "Create", the 1095 forms will be created in PDF format and the result will be displayed. Please print or save this PDF document.

☒ Show full SSN ☐ Corrected Form ☐ Voided Form

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** ☒ VOID ☒ CORRECTED **2019**

OMB No. 1545-0047

Part I Employee

1 Name of employee
2 Social security number (SSN)
3 Street address (including apartment no.)
4 City or town
5 State or province
6 Country and ZIP or foreign postal code

Applicable Large Employer Member (Employer)

7 Name of employer
8 Employer identification number (EIN)
9 Street address (including room or suite no.)
10 Contact telephone number
11 City or town
12 State or province
13 Country and ZIP or foreign postal code

Part II Employee Offer and Coverage

14 Offer of Coverage (enter retained code)
15 Employee (Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage)
16 Applicable Section 4980B 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. 60709M 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
 Address
 City State ZIP
 EIN Country
 Contact Contact Phone
 # 1095C forms ☐ Authoritative transmittal?

Part 2

Total 1095-C filed by and/or on behalf of ALE Member
☐ 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. Count	Reserved Group
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	-

1094C form

Form **1094-C** Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2019

120116

☐ CORRECTED

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

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

5 City or town
Albany

6 State or province
NY

7 Country and ZIP or foreign postal code
12205-

8 Name of person to contact
Auto/Mate Dealership Systems

9 Contact telephone number
800-371-3970

10 Name of Designated Government Entity (only if applicable)

11 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