

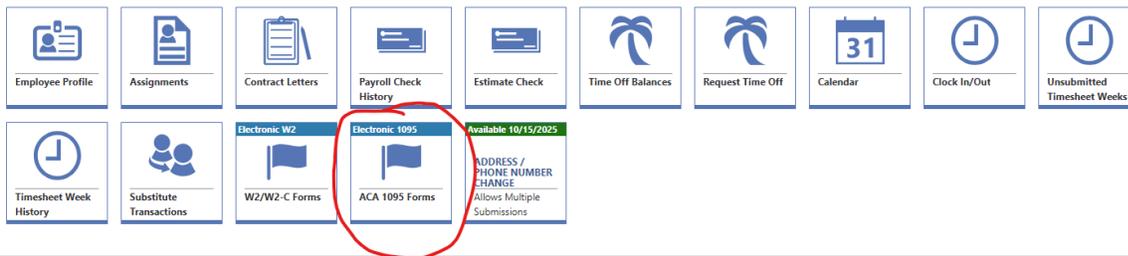
How to print your 1095C

The 1095C is a tax document that verifies an employee eligibility for district-sponsored health insurance and documents their coverage. **It is not required for the annual tax filing with the IRS**, but should be retained with your other tax documents.

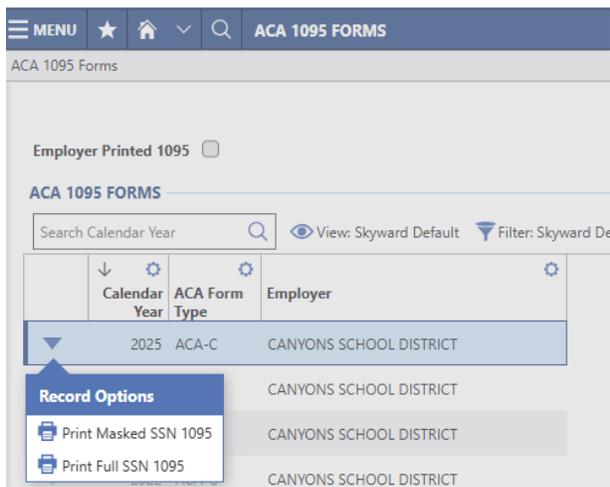
Log into Skyward Employee Access



Locate the ACA 1095C Forms option tile from the main screen. from the



This will take you to a screen where you will see a list of the years that have the 1095C available to be printed. Select the appropriate year and select the down arrow to the left of the year.



You can select to print them with the full social security number (SSN) or a masked version where only the last four digits are visible.

It will ask you to confirm your SSN.

Print Masked SSN 1095
Verify Masked SSN

→ Next Cancel

ACA INDIVIDUAL PDF DETAILS

Enter your SSN to authenticate

Once the SSN has been verified a printable PDF will come up.

business.can... / 1095C Share Ask AI Assistant

VOID CORRECTED 0988 (Rev. 1/16) 1095-C Form **25** From **1095-C**

APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
CANYONS SCHOOL DISTRICT
9301 S 300 E
SANDY UT 84070
8018265448

Employee Offer of Coverage **Employee's Age on January 1**

Plan Start Month (2-digit mo.)	14 Offer of Coverage (enter required code)	15 Employee's Contribution (enter required code)	16 Section 179D Code (enter applicable)	17 ZIP Code (enter code, if applicable)
All 12 Months	1A	S		
Jan		S		
Feb		S		
Mar		S		
Apr		S		
May		S		
Jun		S		
Jul		S		
Aug		S		
Sep		S		
Oct		S		
Nov		S		
Dec		S		

Employer Provided Health Insurance Offer and Coverage

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Department of the Treasury, IRS

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

APPLICABLE LARGE EMPLOYER'S identification number (EIN) **EMPLOYEE'S** social security number (SSN)

Covered Individuals If employee provides self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. **X**

18	19	20 Months of coverage												
		(a) First name, middle initial, last name	(b) SSN or other TIN (if not available)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
1				X										
2				X										
3				X										
4				X										
5				X										
6				X										
7				X										
8				X										
9				X										
10				X										
11				X										
12				X										
13				X										
14				X										
15				X										
16				X										
17				X										
18				X										
19				X										
20				X										
21				X										
22				X										
23				X										

Instructions for Recipient

Employee Recipient information about you, the employee. Reports are issued annually (1095-C). For your protection, this form contains information about you that is exempt from public release. Recipient information is reported to the IRS and the Social Security Administration.

Applicable Large Employer This section identifies the employer that provided you with health insurance coverage under an applicable large employer plan. The employer's name, address, and telephone number are provided for your information. The employer's EIN is also provided for your information. The employer's EIN is also provided for your information. The employer's EIN is also provided for your information.

Employee Offer of Coverage, Lines 14-17 This section identifies the health insurance coverage that you are offered by your employer. The information provided includes the plan start month, the offer of coverage code, the employee's contribution code, and the section 179D code. The information provided includes the plan start month, the offer of coverage code, the employee's contribution code, and the section 179D code.

Covered Individuals, Lines 18-23 This section identifies the individuals who are covered by the health insurance coverage provided by your employer. The information provided includes the individual's name, social security number or other TIN, and the months of coverage. The information provided includes the individual's name, social security number or other TIN, and the months of coverage.

If you have any questions or concerns regarding the information on the 1095C. Please contact a member of the District Insurance Department at 801-826-5428.

NOTE: We encourage you not to access your 1095C on a public computer. If you must, please remember to close all windows and clear out the downloads folder after you have printed your 1095C.