

Solicitation:	Request for Quote Formal (RFQF) Reverse Auction RFQF #3140001473
Description:	Tax Form Printing and Mailing for Tax Years 2018 – 2022
Issue Date:	Tuesday, August 28, 2018
Bid Closing Location:	Mississippi Department of Finance and Administration (DFA) Mississippi Management and Reporting System (MMRS) 301 North Lamar Street; Suite 400 Jackson, Mississippi 39201
Bid Coordinator:	David Pitcock Phone: 601-359-4060 Fax: 601-359-6551 Email: <a href="mailto:david.pitcock@dfa.ms.gov">david.pitcock@dfa.ms.gov</a> Location: 301 North Lamar Street, Suite 400; Jackson, Mississippi 39201  From the issue date of the solicitation until a Vendor is selected and the selection is announced, responding Vendors or their representatives may not communicate, either orally or in writing regarding this solicitation with any statewide elected official, state officer or employee, member of the legislature or legislative employee except as noted herein.
Closing Date and Time:	Friday, September 14, 2:00 PM CST
Solicitation Overview:	The Mississippi Department of Finance and Administration (DFA), Office of the Mississippi Management and Reporting System (MMRS) is seeking bids for the production printing and mailing of the State of Mississippi's tax forms for tax years 2018 - 2022 and the placement of the print images on searchable CD-ROM(s).  This is for a five (5) year engagement and responding bidders must propose for tax years 2018 - 2022 in order to be considered.  DFA reserves the right to reject all bids.
Reverse Auction Requirement:	Pursuant to HB1106 & HB1109, 2017 General Session, these services must be selected using the reverse auction process. To participate in the reverse auction, vendors must meet the pre-qualifications outlined in this solicitation document.  Additional information, including training material, can be found at the following link: <a href="#">DFA/OPTFM Reverse Auction and Electronic Bidding Services Webpage</a>

## **SECTION I GENERAL INFORMATION – REVERSE AUCTIONS**

**ALL BIDS SUBMITTED SHALL BE IN COMPLIANCE WITH ALL CONDITIONS SET FORTH HEREIN. THE BID PROCEDURES FOLLOWED BY THIS OFFICE WILL BE IN ACCORDANCE WITH THESE CONDITIONS. THEREFORE, ALL BIDDERS ARE URGED TO READ AND UNDERSTAND THESE CONDITIONS PRIOR TO SUBMITTING A BID.**

### **1. Definitions**

The use of the word “agency” in any Bid Invitation solicitation or specification shall be intended to mean state agencies only. The words “governing authority” when used shall be intended as meaning city, county or other local entities.

### **2. Preparation of Bids**

- 2.1 Bids and/or Quotes may be submitted through the State of Mississippi’s e-procurement system (MAGIC) or in person to the Mississippi Department of Finance and Administration, Mississippi Management Reporting System (“MMRS” or “the State”). Paper bids are allowed. All prices and notations must be printed in ink or typewritten. No erasures permitted. Errors may be crossed out and corrections printed in ink or typewritten adjacent and must be initialed, in ink, by the person signing bid.
- 2.2 To submit bids electronically, bidders must ensure they are registered in the MAGIC system and have received a login, password, and supplier number and that all technical requirements have been met.
- 2.3 If a bidder is unwilling or unable to participate through MAGIC, an MMRS representative can enter the Vendor’s bid(s) manually (i.e. Surrogate bidding).
- 2.4 Bidders participating in person by surrogate bidding must so indicate in their response to the initial Request for Quote-Formal (RFQF).
- 2.5 Failure to examine any drawings, specifications, and instructions will be at bidder's risk.
- 2.6 Price each item separately. Unit prices shall be shown. Bid prices must be net.
- 2.7 It is understood that reference to available specifications shall be sufficient to make the terms of such specifications binding on the bidder.
- 2.8 Bidders must furnish all information requested in the bid specifications. Further, when required, each bidder must submit for bid evaluation cuts, sketches, descriptive literature and technical specifications covering the product offered. Reference to literature submitted with a previous bid or on file with MMRS will not satisfy this provision.
- 2.9 Samples of items, when requested, must be furnished free of expense, and if not destroyed in testing will, upon request, be returned at the bidder's expense. Request for the return of samples must be made within ten (10) days following opening bids. Each individual sample must be labeled with bidder's name, manufacturer's brand name and number, State of Mississippi commodity number, bid number and item reference.

- 2.10 Time of performance. The number of calendar days in which delivery will be made after receipt of order shall be indicated in the bid specifications.

### **3. Bid Submission**

- 3.1 When submitting a bid electronically, the authorized signature may be typed or be an electronic signature.
- 3.2 Bids and modifications or corrections received after the closing time specified will not be considered.
- 3.3 When submitting the response to the RFQF in MAGIC, bidder must ensure all questions have been answered within the RFQF and all proposed items in bid have a response.
- 3.4 Bidders submitting paper responses should submit responses to the MMRS by the response deadline.

### **4. Acceptance of Bids**

MMRS reserves the right to reject any and all bids, to waive any informality in bids and unless otherwise specified by the bidders, to accept any items on the bid. The State reserves the right to modify or cancel in whole or in part its Invitation for Bids.

If a bidder fails to state the time within which a submitted will expire, it is understood and agreed that the MMRS shall have 60 days to accept.

### **5. Error in Bid**

If a vendor is participating in a Live Auction, the vendor can notify MMRS in the event of an erroneous bid via the chat message feature. Erroneous bids, where the mistake is apparent to MMRS, may be deleted during the live auction.

### **6. Special Discount Period**

Time in connection with a special discount offered will be computed from date of delivery at destination or from the date correct invoices are received, if the latter date is later than the date of delivery. Cash discounts will not be considered in the award process.

### **7. Award**

- 7.1 Contracts and purchases will be made or entered into with the lowest responsible bidder meeting specifications, except as otherwise specified in the bid specifications. Where more than one item is specified in the specifications, the State reserves the right to determine the low bidder either on the basis of the individual item(s) or on the basis of all items included in its Invitation for Bids, or as expressly provided in the State's Invitation for Bids.
- 7.2 Unless the bidder specified otherwise in the bid, the State may accept any item or group of items of any kind.
- 7.3 A written purchase order or contract award furnished to the successful bidder

within the time of acceptance specified in the Invitation for Bid results in a binding contract without further action by either party. The contract shall consist solely of these General Conditions, the Instructions and Special Conditions, the successful bidder's bid, and the written purchase order or contract award. The contract shall not be assignable in whole or in part without the written consent of MMRS.

## **8. Inspection**

Final inspection and acceptance or rejection may be made at delivery destination, but all materials and workmanship shall be subject to inspection and test at all times and places, and when practicable. During manufacture, the right is reserved to reject articles which contain defective material and workmanship.

Rejected material shall be removed by and at the expense of the contractor promptly after notification or rejection. Final inspection and acceptance or rejection of the materials or supplies shall be made as promptly as practicable, but failure to inspect and accept or reject materials or supplies shall not impose liability on the MMRS or any subdivision thereof for such materials or supplies as are not in accordance with the specification. In the event necessity requires the use of materials or supplies not conforming to the specification, payment therefore may be made at a proper reduction in price.

## **9. Taxes**

The State is exempt from federal excise taxes and state and local sales or use taxes and bidders must quote prices which do not include such taxes. Exemption certificates will be furnished upon request. Contractors making improvements to, additions to or repair work on real property on behalf of the State are liable for any applicable sales or use tax on purchase of tangible personal property for use in connection with the contracts. Contractors are likewise liable for any applicable use tax on tangible personal property furnished to them by the State for use in connection with their contracts.

## **10. Gifts, Rebate, Gratuities**

- 10.1 Acceptance of gifts from bidders is prohibited. No officer or employee of the MMRS, nor any head of any state department, institution or agency, nor any employee of any state department, institution or agency charged with responsibility of initiating requisitions, shall accept or receive, directly or indirectly, from any person, firm or corporation to whom any contract for the purchase of materials, supplies, or equipment for the State of Mississippi may be awarded, by rebate, gifts, or otherwise, any money or anything of value whatsoever, or any promise, obligation or contract for future rewards or compensation.
- 10.2 Bidding by state employees is prohibited. It is unlawful for any state official or employee to bid on, or sell, or offer for sale, any merchandise equipment or material, or similar commodity to the State during the tenure of his or her office or employment, or for the period prescribed by law thereafter, or to have any

interest in the selling of the same to the State.

#### **11. Bid Information**

Bid information and documents may be examined pursuant to the Mississippi Public Records Act of 1983, MS Code 25-61-1 et seq.

#### **12. Precedence**

Bids shall be made and the contract shall be entered into in accordance with the General Conditions as hereinafter amended and modified. Should a conflict exist between the General Conditions and the Instructions and Special Conditions, the Instructions and Special Conditions shall take precedence.

#### **13. Competition**

There are no federal or state laws that prohibit bidders from submitting a bid lower than a price or bid given to the U.S. Government. Bidders may bid lower than U.S. Government contract price without any liability as the State is exempt from the provisions of the Robinson-Patman Act and other related laws. In addition, the U.S. Government has no provisions in any of its purchasing arrangements with bidders whereby a lower price to the State must automatically be given to the U.S. Government.

#### **14. Waiver**

MMRS reserves the right to waive any General Condition, Special Condition, or minor specification deviation when considered to be in the best interest of the State.

#### **15. Cancellation**

Any contract or item award may be canceled with or without cause by the State with the giving of 30 days written notice of intent to cancel. Cause for the State to cancel may include, but is not limited to, cost exceeding current market prices for comparable purchases; request for increase in prices during the period of the contract; or failure to perform to contract conditions. The Contractor will be required to honor all purchase orders that were prepared and dated prior to the date of expiration or cancellation if received by the Contractor within a period of 30 days following the date of expiration or cancellation. Cancellation by the State does not relieve the Contractor of any liability arising out of a default or nonperformance. If a contract is canceled by the State due to a Contractor's request for increase in prices or failure to perform, that Contractor will be disqualified from bidding for a period of 24 months. The Contractor may cancel a contract for cause with the giving of 30 days written notice of intent to cancel. Cause for the Contractor to cancel may include, but is not limited to the item(s) being discontinued and/or unavailable from the manufacturer.

#### **16. Substitutions During Contract**

During the term of a contract, if adequate documentation is provided that supports the claim that the contract item(s) are not available, items which meet the minimum specifications may be substituted if approved by MMRS and the substitutions are deemed to be in the best interest of the State.

## **17. Application**

It is understood and agreed by the bidder that any contract entered into as a result of this Invitation for Bids is established for use by state agencies and all purchases made by these agencies for products included under the provisions of the contract shall be purchased from the bidder receiving the award unless exempt by special authorization from the MMRS.

Under the provisions of Section 31-7-7 Mississippi Code of 1972, Annotated, the prices offered herein shall be extended to the governing authorities. However, the governing authorities, by provisions of Section 31-7-12 Mississippi Code, may purchase products covered by state contracts from any source offering an identical product at a price that does not exceed the state contract price.

Employees of the MMRS have acted exclusively as agents of the State for the award, consummation, and administration of the contract and are not liable for any performance or nonperformance by the state agencies that utilize the contract.

## **18. Addenda**

Addenda modifying plans and/or specifications may be issued if time permits. No addendum will be issued within a period of two (2) working days prior to the time and date set for the bid opening. Should it become necessary to issue an addendum within the two (2) day period prior to the bid opening, the bid date will be reset to a date not less than five (5) working days after the date of the addendum, giving bidders ample time to comply with the addendum. When replying to a bid request on which an addendum has been issued, and the specifications require acknowledgement, the bid shall indicate that provisions of the addendum have been noted and that the bid is being offered in compliance therewith. Failure to make this statement may result in the bid being rejected as not being in accordance with the revised specifications or plans.

## **19. Nonresponsive Bids**

Nonresponsive bids will not be considered. A non-responsive bid is considered to be a bid that does not comply with the minimum provisions of the specification. Any bidder found to repeatedly offer alternated products that are not compliant with specifications in an attempt to obtain a contract on the basis of pricing only will be disqualified from bidding for a period of 24 months.

## **20. Specification Clarification**

It shall be incumbent upon all bidders to understand the provisions of the specifications and to obtain clarification prior to the time and date set for the live auction or bid opening. Such clarification will be answered only in response to a written request submitted in the specified amount of time set by the MMRS. The MMRS reserves the right to specify a time frame in which clarification request shall be made.

## **21. Pre-Qualification Process**

- 21.1 The purpose of the RFQF is to advertise the competitive procurement for solicitation of formal quotes from potential bidders to participate in the Reverse

Auction. The MMRS will be responsible for defining product categories, adding bidders, and publishing all bid related documents to the procurement portal. Once the responses have been received and the Opening Date has been reached, the MMRS will review the submissions to qualify bidders and determine a starting price for reverse auction items.

- 21.2 The Invitation for Bids/RFQF shall be advertised in accordance with Section 3.106.05.4 of the Mississippi Procurement Manual. The MMRS shall advertise for 14 consecutive days in accordance with Section 31-7-13(c)(i)(1) of the Miss. Code Ann. Responses to the RFQF will be due on the 8th working day after the last day of advertisement.
- 21.3 Responses to the RFQF will be reviewed by the MMRS for responsiveness to specifications. Price quotes received will be evaluated in conjunction with other market research to determine the starting price for the Auction.
- 21.4 The MMRS will accept bidder responses in MAGIC who have qualified meeting RFx specifications. Bidders not meeting specifications will not be allowed to participate in the Auction.
- 21.5 Once qualified, the MMRS will notify the vendor of Qualification and the date of the Live Auction via email. After receiving the confirmation email, bidders should review/ensure technical requirements for MAGIC have been met or confirm participation in person.
- 21.6 It is requested that bids be submitted on the basis of statewide distribution. Contractors must maintain adequate distribution capabilities and adequate stock of all items to insure prompt delivery.

## **22. Firm Bid Price**

Prices accepted from bidder submissions shall be firm for the term of the contract except that the State shall receive the benefit of any price decrease in excess of five (5) percent. The contractor must provide written price reduction information within ten (10) days of its effective date.

## **23. Contract Extension**

- 23.1 Automatic contract renewals or extensions are not allowed. Contracts must be extended or renewed with the proper documents signed or approved by the MMRS.
- 23.2 The MMRS reserves the right to extend the term of a contract, when necessary, to continue a source of supply whenever new or replacement contracts are not completed prior to the expiration date. Such extensions are dependent upon the agreement of the Contractor and shall not exceed three (3) months.

## **24. Suspension and Debarment**

By submitting a bid, the bidder is certifying that neither the bidder nor any potential subcontractors are debarred or suspended or are otherwise excluded from or ineligible for participation in federal assistance programs.

## **25. Assignment**

The Contractor shall not assign or subcontract in whole or in part, its right or obligations under this agreement without prior written consent of the MMRS.

## **26. Indemnification**

Contractor shall indemnify, defend, save and hold harmless, protect, and exonerate the State of Mississippi, its Commissioners, Board Members, officers, employees, agents, and representatives from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever, including, without limitation, court costs, investigative fees and expenses, and attorneys' fees, arising out of or caused by Contractor's and/or its partners, principals, agents, employees, and/or subcontractors in the performance of or failure to perform this Agreement. In the State's sole discretion, Contractor may be allowed to control the defense of any such claim, suit, etc. In the event Contractor defends said claim, suit, etc., Contractor shall use legal counsel acceptable to the State; Contractor shall be solely liable for all reasonable costs and/or expenses associated with such defense and the State shall be entitled to participate in said defense. Contractor shall not settle any claim, suit, etc., without the State's concurrence, which the State shall not unreasonably withhold.

## **27. Live Auction**

- 27.1 Notification of Auction Start date and time will be sent via email to qualifying bidders. If a bidder is unwilling or unable to participate through MAGIC, a representative from the MMRS can enter the Vendor's bid(s) manually (i.e. Surrogate Bidding). If a bidder elects to participate via Surrogate Bidding, the bidder must be physically present at the public bidding location, with the means to submit written bids for each offer made and signed by an authorized agent of the Vendor. A Bid Form will be provided to the Vendor at the start of the auction. This form will not be returned to the bidder but will become a part of the Bid Documentation for Evaluation by the MMRS.
- 27.2 The Auction time may be extended at the discretion of the MMRS. Examples of reasons to extend an auction include, but are not limited to, technical difficulties experienced by the MMRS or bidder, the need to pause the Auction, or bids placed within the last few moments of bidding.
- 27.3 Communication with bidders participating electronically during the Auction may be done via the Live Chat Feature. The MMRS has the ability to send messages to particular bidders or broadcast to all bidders. Bidders can ONLY communicate with the MMRS, not other bidders.
- 27.4 Bidders may be removed from a Live Auction for improper conduct, including but not limited to profanity, threats, consistently entering erroneous or extremely low bids, or other disruptive behavior.



## **28. The Timing of the Auction (RA Requirement)**

The Invitation for Bids shall be advertised in accordance with Section 3.106.05.4 herein, and the deadline to receive initial responses by suppliers shall be not less than seven (7) working days after the last notice appears in the newspaper. After such deadline has passed, the submissions shall be taken under advisement for prequalification. The reverse auction should occur only after the purchasing agent has had sufficient time to prequalify the suppliers. Such anticipated time shall be included in the Invitation for Bids Packet; however, the purchasing agent should reserve the right to extend the auction date if necessary to complete prequalification.

## **29. Quotes (RA Requirement)**

Responding suppliers must provide a quote with the initial response. Quotes are utilized by the purchasing agent to determine market pricing and set the auction parameters (e.g., Start Price).

## **30. The Award Process (RA Requirement)**

Suppliers should be advised that no award will automatically result from a reverse auction, and that the purchasing entity will review the results of the auction and make a determination in a timely manner.

## **31. Force Majeure**

If the MMRS is closed for any reason, including but not limited to: acts of God, strikes, lockouts, riots, acts of war, epidemics, governmental regulations superimposed after the fact, fire, earthquakes, floods, or other natural disasters (the "Force Majeure Events"), which closure prevents the opening of bids at the advertised date and time, all bids received shall be publicly opened and read aloud on the next business day that the agency shall be open and at the previously advertised time. The new date and time of the bid opening, as determined in accordance with this paragraph, shall not be advertised, and all bidders, upon submission of a bid proposal, shall be deemed to have knowledge of and shall have agreed to the provisions of this paragraph. Bids shall be received by the agency until the new date and time of the bid opening as set forth herein. The MMRS shall not be held responsible for the receipt of any bids for which the delivery was attempted and failed due to the closure of the MMRS as a result of a Force Majeure Event. Each bidder shall be required to ensure the delivery and receipt of its bid by the MMRS prior to the new date and time of the live auction or bid opening.

## **32. Competitive Proposals**

Discussions may be conducted with offerers who submit proposals or qualifications determined to be reasonably susceptible of being selected for the award, but that proposals or qualifications may also be accepted without those discussions.

## **SECTION II INSTRUCTIONS AND SPECIAL CONDITIONS**

### **1. Purpose**

The Mississippi Department of Finance and Administration (DFA) / Mississippi Management and Reporting System (MMRS) requests sealed bids for the printing, mailing, and placement of the images on CD-ROMs for tax forms for tax years 2018 – 2022. It is understood that any contract resulting from RFQF #3140001473 requires approve by the DFA/Office of Purchasing, Travel, and Fleet Management (OPTFM). If any contract resulting from RFQF #3140001473 is not approved by the OPTFM, it is void and no payment shall be made.

### **2. Scope of Services**

The specifications set forth herein as “SECTION III” represent a minimum of required needs of the MMRS. The bidder may propose options above any beyond these specifications that best suit DFA’s interests as determined by the agency. Please respond “Yes” or “No” to indicate compliance to the specifications for each listed criterion and add comments as needed. The vendor is also responsible for providing print examples as outlined in the specifications.

### **3. Bid Acceptance Period**

The Bid Cover Sheet (Attachment A), Specification response (Attachment B), Bid Form (Attachment C), Execution of Bid Form (Attachment D), Reference Form (Attachment E), and the print examples as outlined in the Specifications. shall be signed and submitted in a sealed envelope or package to the address below no later than the time date specified for receipt of bids.

Mississippi Department of Finance & Administration (DFA)  
Mississippi Management and Reporting System (MMRS)  
Attn: David Pitcock  
301 North Lamar Street; Suite 400  
Jackson, Mississippi 39201

Timely submission of the bids is the responsibility of the bidder. Bids received after the specified time shall be rejected and returned to the bidder unopened. The envelope or package shall be marked with the bid opening date and time, and the number of invitation for bid. The time and date of receipt shall be indicated on the envelope by the MMRS. Each page of the bid form and all attachments (with the exception of the print examples) shall be identified with the name of the bidder. Failure to submit a bid on the bid form provided shall be considered just cause for rejection of the bid. Modifications or additions to any portion of the procurement document may be cause for rejection of the bid. The MMRS reserves the right to decide, on a case-by-case basis, whether to reject a bid with modifications or additions as non-responsive. As a precondition to bid acceptance, the MMRS may request the bidder to withdraw or modify those portions of the bid deemed non-responsive that do not affect the quality, quantity, price, or delivery of the service.

### 3.1 Timeline

Start Date <ul style="list-style-type: none"><li>• First Date of Advertisement</li><li>• Second Date of Advertisement</li></ul>	Tuesday, August 28, 2018 Tuesday, September 4, 2018
Bidder Submission Deadline Date and Time	Friday, September 14, 2018; 2:00 PM CST
Opening Date and Time	Friday, September 14, 2018; 2:00 PM CST
Qualified Bidders Notified (via email) of Auction Start Date/Time	Monday, September 17, 2018
Reverse Auction Date/Time	Thursday, September 27, 2018; 2:00 PM – 3:00 PM CST
Bid Evaluations	Friday, September 28, 2018
Contract Intent to Award	Tuesday, October 2, 2018
Contract Approval	Unexecuted contract will require additional approval from DFA/OPTFM before it is awarded.

### 3.2 Late Submissions

A bid received at the place designated in the solicitation for receipt of bids after the exact time specified for receipt will not be considered unless it is the only bid received, or it is received before award is made and was sent by registered or certified mail not later than the fifth (5<sup>th</sup>) calendar day before the date specified for receipt of bids. It must be determined by the DFA that the late receipt was due solely to mishandling by the DFA after receipt at the specified address.

The only acceptable evidence to establish the date of mailing of a late statement of qualifications is the U.S. Postal Service postmark on the wrapper or on the original receipt from the U.S. Postal Service. If the postmark does not show a legible date, the contents of the envelope or package shall be processed as if mailed late. "Postmark" means a printed, stamped, or otherwise placed impression, exclusive of a postage meter impression, that is readily identifiable without further action as having been supplied and affixed by the U.S. Postal Service on the date of mailing. Respondents should request postal clerks to place a hand cancellation postmark (often called a bull's eye) on both the receipt and the envelope or wrapper.

The only acceptable evidence to establish the time of receipt at the office identified for opening of statements of qualifications is the time and date stamp of that office on the statement of qualifications wrapper or other documentary evidence of receipt used by that office.

## 4. Expenses Incurred in Preparing Bid

The DFA accepts no responsibility for any expense incurred by the bidder in the preparation and presentation of a bid. Such expenses shall be borne exclusively by the bidder.

## **5. Bid Form**

All pricing must be submitted on the Bid Form (Attachment C). Failure to complete and/or sign the bid form may result in the bidder being determined nonresponsive.

### **5.1 Bidder Certification**

The bidder agrees that submission of a signed bid form is certification that the bidder will accept an award made to it as a result of the submission.

## **6. Registration with Mississippi Secretary of State**

By submitting a bid, the respondent certifies that it is registered to do business in the State of Mississippi as prescribed by the Mississippi Secretary of State or, if not already registered, that it will do so within seven (7) business days of being offered an award. Sole proprietors are not required to register with the Mississippi Secretary of State.

## **7. DFA/Office of Purchasing, Travel, and Fleet Management (OPTFM) Contract**

Awarded vendor will be required to enter into a DFA/OPTFM contract. The contract outlines the terms and conditions that are required by State Law. A copy of the contract is attached as Attachment M. The contract does not need to be completed as part of the bid response. DFA will work the awarded vendor on the contract execution.

## **SECTION II - A**

### **INSTRUCTIONS AND SPECIAL CONDITIONS**

The following section provides a DFA MAGIC Reverse Auction Bidders Training Guide. It includes detailed instructions on how to access the reverse auction event, including how to gain access to the system utilized and what technical requirements may be involved. However, no supplier may be prohibited from participating in person by paper through surrogate bidding.

The DFA MAGIC Reverse Auction Bidders Training Guide is attached as Attachment G.

The guide and additional information can be found on the [DFA Mississippi Suppliers \(Vendors\) webpage](#).

### **SECTION III SPECIFICATIONS**

1. Bidders must furnish all information requested in the bid specifications (Attachment B).
2. Bidders must provide the sample tax forms as outlined in the bid specifications (Attachment B).
3. The specifications set forth herein as "Section III" represent a minimum of required needs of the Mississippi Department of Finance and Administration (DFA). The bidder may propose options above and beyond these specifications that best suit DFA's interests as determined by the agency.
4. The bidder agrees to begin delivery according to the timelines as outlined in the specifications (Attachment B). Failure to do so may result in cancellation of award. If cancellation of award occurs, a new award will be made to the next lowest bidder meeting required specifications.
5. Respond "Yes" or "No" to indicate compliance to the specifications for each listed criterion and add comments as needed. A response of "No" requires an explanation of why that specification cannot be met.

**Mississippi Department of Finance and Administration (DFA)  
Mississippi Management and Reporting System (MMRS)  
Printing and Mailing of Tax Forms for Tax Years 2018 – 2022  
RFQF #3140001473**

**Bid Cover Sheet  
Attachment A**

DFA is seeking to receive bids for RFQF #3140001473, which is for printing and mailing of tax forms for employees. Bids are to be submitted online in MAGIC or by paper submission, on or before Friday, September 14, 2018 at 2:00 PM CST.

Mail your sealed bid package to:

Mississippi Department of Finance and Administration (DFA) Mississippi Management and Reporting System (MMRS) Attn: David Pitcock 301 North Lamar Street; Suite 400 Jackson, Mississippi 39201
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Also, please note on your sealed bid package:

RFQF #3140001473 Opening Date: Friday, September 14, 2018 at 2:00 PM CST Sealed Bid – Do Not Open until Opening Date
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Please complete the information below and include it in your sealed bid package.

Company Information	Name:			
	Street Address:			
	City:			
	State:		Zip:	
Company Representative:	Name:			
	Phone Number:			
	Email Address:			
Company Representative Signature:				

**Mississippi Department of Finance and Administration (DFA)  
Mississippi Management and Reporting System (MMRS)  
Printing and Mailing of Tax Forms for Tax Years 2018 – 2022  
RFQF #3140001473**

**Specifications  
Attachment B**

**1. General Specifications**

<b>Compliance</b>	<b>Specification Number &amp; Description</b>	<b>Bidder Comment (Required if “No”)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>1.1</u> Vendor agrees that unless otherwise noted all the specifications in this section apply to W-2, 1099-MISC, 1095-B, 1095-C, 1094-B, and 1094-C tax form processing.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>1.2</u> Vendor acknowledges that Reverse Auction pre-qualification is based on the bidder’s specification response AND the bidder providing the requested sample tax forms as outlined in this document.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>1.3</u> Vendor agrees that, if awarded the contract, all employees and subcontractors, if applicable, involved in any aspect of the project are required to sign a confidentiality form (Attachment F) and the form(s) will be part of the contract. The confidentiality form guarantees that all the data and information will be safeguarded and will NOT be shared with any entity or person without the prior written consent of the State.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>1.4</u> Vendor agrees that the specifications will be required to be completed for each of the following tax years: 2018, 2019, 2020, 2021, and 2022.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>1.5</u> Vendor agrees that depending on Federal and/or State requirements, one or multiple tax forms may not needed for a given tax year. At DFA’s direction, the vendor may be asked to not generate said form(s) for a given year.	



<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>1.6</u> Vendor agrees to only invoice the State for actual forms processed for a given year.											
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>1.7</u> Vendor acknowledges that in responding to the specifications, they should estimate a total of 73,000 tax forms will be generated, printed, mailed, and put on a CD-ROM each year.  The estimate is a combination of W-2, 1099-MISC, 1095-B, and 1095-C tax forms. The State will pay a fixed per unit price for each form generated, printed, mailed, and put on a CD-ROM, up to 73,000 forms, regardless the type of form. For planning purposes, the estimate by form is listed below. <table border="1" data-bbox="505 831 1032 1008"> <thead> <tr> <th>Tax Form</th> <th>Estimate</th> </tr> </thead> <tbody> <tr> <td>W-2</td> <td>22,000</td> </tr> <tr> <td>1099-MISC</td> <td>6,000</td> </tr> <tr> <td>1095-B</td> <td>5,000</td> </tr> <tr> <td>1095-C</td> <td>40,000</td> </tr> </tbody> </table>	Tax Form	Estimate	W-2	22,000	1099-MISC	6,000	1095-B	5,000	1095-C	40,000	
Tax Form	Estimate											
W-2	22,000											
1099-MISC	6,000											
1095-B	5,000											
1095-C	40,000											
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>1.7.1</u> Vendor acknowledges the State will pay a fixed per unit price for each form generated, printed, mailed, and put on a CD-ROM over the 73,000 estimate regardless the type of form being generated.											

<input type="checkbox"/> Yes  <input type="checkbox"/> No	<p><u>1.8</u> Vendor acknowledges that in responding to the specifications, they should estimate a total of 200 1094-B and 1094-C tax forms will be generated and placed on a CD ROM each year.</p> <p>The estimate is a combination of 1094-C and 1094-B forms. The State will pay a fixed per unit price for each form generated and put on a CD-ROM, up to 200 forms, regardless the type of form. For planning purposes the, estimates by form is listed below.</p> <table border="1" data-bbox="505 625 1032 735"> <thead> <tr> <th>Tax Form</th> <th>Estimate</th> </tr> </thead> <tbody> <tr> <td>1094-B</td> <td>100</td> </tr> <tr> <td>1094-C</td> <td>100</td> </tr> </tbody> </table>	Tax Form	Estimate	1094-B	100	1094-C	100	
Tax Form	Estimate							
1094-B	100							
1094-C	100							
<input type="checkbox"/> Yes  <input type="checkbox"/> No	<p><u>1.8.1</u> Vendor acknowledges that the 1094-B and 1094-C forms do not need to be printed and mailed. They only need to be generated and put on a CD-ROM.</p>							
<input type="checkbox"/> Yes  <input type="checkbox"/> No	<p><u>1.8.2</u> Vendor acknowledges the State will pay a fixed per unit price for each form generated and put on a CD-ROM over the 200 estimate regardless the type of form being generated.</p>							
<input type="checkbox"/> Yes  <input type="checkbox"/> No	<p><u>1.9</u> Vendor acknowledges they will be required to enter into a Personal Service Contract with the State and that the contract must be approved by the DFA / Office of Purchasing, Travel, and Fleet Management. A draft copy of the contract is attached as Attachment M.</p>							
<input type="checkbox"/> Yes  <input type="checkbox"/> No	<p><u>1.10</u> Vendor agrees that they will electronically submit invoices via the State's current e-invoicing vehicle.</p>							
<input type="checkbox"/> Yes  <input type="checkbox"/> No	<p><u>1.11</u> Vendor agrees that they will be electronically paid via the State's current e-payment and remittance vehicle.</p>							

<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>1.12</u> Vendor acknowledges they will be available for regularly scheduled status meetings, via conference call, during the engagement of project.	
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## 2. W-2 & 1099-MISC Tax Form Processing

Compliance	Specification Number & Description	Bidder Comment (Required if “No”)						
<div><div>____ Yes</div><div>____ No</div></div>	<div><div><u>2.1</u></div><div>Vendor agrees that unless otherwise noted all the specifications in this section apply to BOTH the W-2 and 1099-MISC tax form processing.</div></div>							
<div><div>____ Yes</div><div>____ No</div></div>	<div><div><u>2.2</u></div><div>Vendor agrees to print, stuff and/or seal the tax forms for tax years 2018, 2019, 2020, 2021, and 2022.</div></div>							
<div><div>____ Yes</div><div>____ No</div></div>	<div><div><u>2.3</u></div><div>Vendor agrees to create two (2) searchable CD-ROMs for all the production W-2 forms created.</div></div>							
<div><div>____ Yes</div><div>____ No</div></div>	<div><div><u>2.4</u></div><div>Vendor agrees to create two (2) searchable CD-ROMs for all the production 1099-MISC forms created.</div></div>							
<div><div>____ Yes</div><div>____ No</div></div>	<div><div><u>2.5</u></div><div>Vendor agrees that the searchable images on the CD-ROMs must be in a PDF format.</div></div>							
<div><div>____ Yes</div><div>____ No</div></div>	<div><div><u>2.6</u></div><div>Vendor agrees to print the appropriate tax form using the file layouts and mapping provided by DFA. DFA will NOT accept alternative layouts and mapping.</div><div>DFA’s file layouts and mapping are attached as:</div><table><tr><th>File Layout/Mapping</th><th>Attachment #</th></tr><tr><td>W-2 Forms and Mapping</td><td>Attachment H</td></tr><tr><td>1099-MISC Forms and Mapping</td><td>Attachment I</td></tr></table></div>	File Layout/Mapping	Attachment #	W-2 Forms and Mapping	Attachment H	1099-MISC Forms and Mapping	Attachment I	
File Layout/Mapping	Attachment #							
W-2 Forms and Mapping	Attachment H							
1099-MISC Forms and Mapping	Attachment I							

<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.7</u> Vendor agrees they will be responsible for paper stock, and envelopes.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.8</u> Vendor agrees forms must be printed on 8 ½ X 14 paper.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.9</u> Vendor acknowledges that the mapping documents are for 8 ½ X 11 paper.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.10</u> Vendor acknowledges that the test and production files will be for 8 ½ X 11 paper.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.11</u> Vendor agrees that the bottom 8 ½ X 11 inches of the paper should be used to print the actual front and back side of the W-2 and 1099-MISC forms. And, that these areas must adhere to the DFA established mapping.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.12</u> Vendor agrees that the top three (3) inches of the 8 ½ X 14 printing should be used for the return and mail address flap. And, that these areas must adhere to the DFA established mapping.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.12.1</u> Vendor agrees the information must appear through the windowed envelope. The vendor may adjust the font size to allow it to fit through the window; however, the vendor agrees they MUST receive approval from DFA BEFORE the production files are processed.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.13</u> Vendor agrees that NO information (other than the address information) will be visible when the envelope is sealed.	

<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.14</u> Vendor agrees to use First Class postage only for each tax form.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.15</u> Vendor agrees to ensure that employee address information is not altered in any form. This includes no alteration of City, Zip Code, Zip +4, or other components of the mailing address.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.16</u> Vendor acknowledges they have the ability to mask (e.g. XXX-XX-1234) the Social Security Number (SSN) and/or the Tax ID if requested by the State.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.17</u> Vendor agrees that the use of address correction software or any other software that alters address information will NOT be used.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.18</u> Vendor agrees they can accept individual XML and/or text (.txt) files for each required tax form.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.19</u> Vendor acknowledges that the Federal regulations regarding printing and mailing may change for future tax years.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.19.1</u> Vendor agrees that if the Federal regulations do change they will adhere to the established guidelines at that time.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>2.19.2</u> Vendor agrees that if a change requires them to make a processing change they will not invoice the State for said change.	

### 3. 1095-B and 1095-C Tax Form Processing

Compliance	Specification Number & Description	Bidder Comment (Required if “No”)						
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.1</u> Vendor agrees that unless otherwise noted all the specifications in this section apply to BOTH the 1095-B and 1095-C tax form processing.							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.2</u> Vendor agrees to print, stuff and/or seal the tax forms for tax years 2018, 2019, 2020, 2021, and 2022.							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.3</u> Vendor agrees to print the appropriate tax form using the file layouts and mapping provided by DFA. DFA will NOT accept alternative layouts and mapping.  DFA's file layouts and mapping are attached as: <table border="1" data-bbox="397 955 1156 1062"> <thead> <tr> <th>File Layout/Mapping</th><th>Attachment #</th></tr> </thead> <tbody> <tr> <td>1095-B Forms and Mapping</td><td>Attachment J</td></tr> <tr> <td>1095-C Forms and Mapping</td><td>Attachment K</td></tr> </tbody> </table>	File Layout/Mapping	Attachment #	1095-B Forms and Mapping	Attachment J	1095-C Forms and Mapping	Attachment K	
File Layout/Mapping	Attachment #							
1095-B Forms and Mapping	Attachment J							
1095-C Forms and Mapping	Attachment K							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.4</u> Vendor agrees to create two (2) searchable CD-ROMs for all the production 1095-B forms created.							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.4.1</u> Vendor agrees that all the images for each employer number will be a separate file on the CD-ROM.							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.5</u> Vendor agrees to create two (2) searchable CD-ROMs for all the production 1095-C forms created.							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.5.1</u> Vendor agrees that all the images for each employer number will be a separate file on the CD-ROM.							

<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.6</u> Vendor agrees that the searchable images on all the CD-ROMs must be in a PDF format.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.7</u> Vendor agrees they can accept individual XML and/or text (.txt) files for each required tax form.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.8</u> Vendor acknowledges that because of Federal Regulations each file size can only be 100 mega-bytes; therefore, the vendor agrees they might receive multiple files for processing. DFA is not aware of the number of files at this time.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.9</u> Vendor acknowledges that depending on the number of covered individuals needed to be reported for an employee; there may not be enough lines on Part III of page 1 of the 1095-C form.  If additional lines are needed, the vendor agrees that page 3 of the 1095-C form must be used. DFA is not aware of the number of employees that will need page 3 at this time.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.10</u> Vendor acknowledges that depending on the number of covered individuals needed to be reported for an employee; there may not be enough lines on Part IV of page 1 of the 1095-B form.  If additional lines are needed, the vendor agrees that page 3 of the 1095-B form must be used. DFA is not aware of the number of employees that will need page 3 at this time.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.11</u> Vendor agrees that if page 3 is used it must be included in the sealed mailing envelope with page 1 and 2 for that employee and only the address will be visible when the envelope is sealed.	

<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.12</u> Vendor agrees that if page 3 is not needed a blank page 3 WILL NOT be included in that employees sealed mailing envelope.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.13</u> Vendor acknowledges they have the ability to mask (e.g. XXX-XX-1234) the Social Security Number (SSN) and/or the Tax ID if requested by the State.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.14</u> Vendor agrees they will be responsible for paper stock, and envelopes.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.15</u> Vendor agrees forms must be printed on 8 ½ X 14 paper.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.16</u> Vendor acknowledges that the mapping documents are for 8 ½ X 11 paper.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.17</u> Vendor acknowledges that the test and production files will be for 8 ½ X 11 paper.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.18</u> Vendor agrees that the bottom 8 ½ X 11 inches of the paper should be used to print the actual front and back side of tax form. And, that these areas must adhere to the DFA established mapping	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.19</u> Vendor agrees that the top three (3) inches of the 8 ½ X 14 printing should be used for the return and mail address flap. And, that these areas must adhere to the DFA established mapping.	



<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.19.1</u> Vendor agrees the information must appear through the windowed envelope. The vendor may adjust the font size to allow it to fit through the window; however, the vendor agrees they MUST receive approval from DFA BEFORE the production files are processed.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.20</u> Vendor agrees that NO information (other than the address information) will be visible when the envelope is sealed.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.21</u> Vendor acknowledges that the Federal regulations regarding printing and mailing may change for future tax years.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.21.1</u> Vendor agrees that if the Federal regulations do change they will adhere to the established guidelines at that time.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>3.21.2</u> Vendor agrees that if a change requires them to make a processing change they will not invoice the State for said change.	

#### 4. 1094-B and 1094-C Tax Form Processing

<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.1</u> Vendor agrees that unless otherwise noted all the specifications in this section apply to BOTH the 1094-B and 1094-C tax form processing.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.2</u> Vendor agrees to generated the tax forms for tax years 2018, 2019, 2020, 2021, and 2022.	

<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.3</u> Vendor agrees to create two (2) searchable CD-ROMs for all the production 1094-B forms created.							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.4</u> Vendor agrees to create two (2) searchable CD-ROMs for all the production 1094-C forms created.							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.5</u> Vendor acknowledges they will not be required to print and mail the 1094-C and 1094-B forms. They will only need to place them on the CD-ROMs.							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.6</u> Vendor agrees to to use the file layouts and mapping provided by DFA. DFA will NOT accept alternative layouts and mapping.  DFA's file layouts and mapping are attached as: <table border="1" data-bbox="397 997 1156 1108"> <thead> <tr> <th>File Layout/Mapping</th> <th>Attachment #</th> </tr> </thead> <tbody> <tr> <td>1094-B Forms and Mapping</td> <td>Attachment L</td> </tr> <tr> <td>1094-C Forms and Mapping</td> <td>Attachment M</td> </tr> </tbody> </table>	File Layout/Mapping	Attachment #	1094-B Forms and Mapping	Attachment L	1094-C Forms and Mapping	Attachment M	
File Layout/Mapping	Attachment #							
1094-B Forms and Mapping	Attachment L							
1094-C Forms and Mapping	Attachment M							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.7</u> Vendor acknowledges that the 1094-B and 1094-C test and production files are pipe delimited.							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.8</u> Vendor acknowledges they have the ability to mask (e.g. XXX-XX-1234) the Social Security Number (SSN) and/or the Tax ID if requested by the State.							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.9</u> Vendor agrees that all the images for each agency number will be a separate file on the CD-ROMs.							
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.10</u> Vendor agrees that the searchable images on all the CD-ROMs must be in a PDF format.							

<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.11</u> Vendor agrees they can accept individual XML and/or text (.txt) files for each required tax form.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.12</u> Vendor acknowledges that the Federal regulations regarding these forms may change for future tax years.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.13</u> Vendor agrees that if the Federal regulations do change they will adhere to the established guidelines at that time.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.14</u> Vendor agrees that if a change requires them to make a processing change they will not invoice the State for said change.	

## 5. Postage and Mailing

Compliance	Specification Number & Description	Bidder Comment (Required if "No")
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>5.1</u> Vendor agrees that unless otherwise noted all the specifications in this section apply to the W-2, 1099-MISC, 1095-B, and 1095-C tax form processing.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>5.2</u> Vendor agrees they will be responsible for First Class postage for all generated tax forms.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>5.3</u> For purposes of estimating postage costs, vendor must use <b>current</b> First Class Postage rates.  The State acknowledges they will be charged the <b>actual</b> First Class Postage at the time of the mailings for each tax year.	

<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>5.4</u> Vendor acknowledges that the dates for mailing the tax forms are set by federal statute and are not negotiable.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>5.5</u> Vendor agrees they will ensure the tax forms are post marked by Federal Statute guidelines and the timelines established by the State.  The State acknowledges they will provide the final production files on or before the established deadlines in Section 6 of these specifications.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>5.6</u> Vendor agrees that if the forms are not post marked by the Federal Statute guidelines they will be required to pay the penalties established by the Federal Statute and will not invoice the State for such penalties.  The State acknowledges they will provide the final production files on or before the established deadlines in Section 6 of these specifications.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>5.7</u> Unless otherwise agreed by DFA and the Vendor, the Vendor agrees to invoice DFA electronically for the estimated prepaid postage cost of mailing the tax forms no later December 1 each year for that year's tax forms.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>5.8</u> Vendor agrees that if they fail to submit the invoice for prepaid postage by the specified date, they are still responsible for mailing the tax forms by the designated deadlines.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>5.9</u> Vendor agrees to work with DFA Accounting on how to process the estimated prepaid postage and actual postage cost.	

## 6. Production Timeline

Compliance	Specification Number & Description	Bidder Comment (Required if "No")
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.1</u> Vendor agrees that unless otherwise noted all the specifications in this section apply to the W-2, 1099-MISC, 1095-B, 1095-C, 1094-B, and 1094-C tax form processing.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.2</u> Vendor acknowledges that the production files will be processed by the dates established by DFA and/or Federal statute.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.3</u> The State acknowledges they will provide the <b>first</b> test file on or before January 12 <sup>th</sup> for the previous tax year processing.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.4</u> Vendor agrees they will process and provide the State the results of each test file within two (2) business days of receipt.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.5</u> Vendor agrees that they may be required to process multiple test file(s) during a given tax year.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.6</u> The State acknowledges they will approve the test prints and mailers prior to the submission of the final production file.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.7</u> Vendor agrees that all files, including test files, must be transmitted via a secure connection (password protected) such as SSL or VPN, or they may be transmitted via FTP over the internet if they are PKI encrypted.  The State acknowledges they will follow this same process.	

<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.8</u> The State acknowledges they will provide the final <b>Production</b> file(s) on or before January 25 <sup>th</sup> for the previous tax year processing.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.9</u> Vendor agrees in order to receive the State's final approval before printing and mailing the production file(s) they will send the State ten (10) printed, folded, and sealed tax forms for review.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.9.1</u> Vendor agrees that if multiple production files are provided, for a given tax form, a minimum of two (2) test prints must be provided from each file. Depending on the number of files provided, the total number of test prints may exceed ten (10).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.9.2</u> Vendor agrees that the final approval test prints will be from the production file(s) sent by the State.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.9.3</u> Vendor agrees that the final approval test prints must be sent via overnight mail, at their expense, in single non-descriptive envelope to the address of the State's choosing. The vendor also agrees that NO information (other than the State's provided address) can be visible when the processed forms are sealed in a single envelope.  The State acknowledges they will provide this address when the production file(s) are created.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.9.4</u> Vendor agrees that the State reserves the right to conduct additional tests if the final approval test(s) are not acceptable.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>6.9.5</u> Vendor agrees to re-process and mail the final approval test(s) forms with the completed production files.	

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>6.10</u> Vendor agrees provide the CD-ROM(s) of production data to the State by the established deadline.</p> <p>The State will establish this deadline for the production file creation for each tax year.</p>	
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## 7. Sample Tax Forms

Compliance	Specification Number & Description	Bidder Comment (Required if “No”)										
<div><div>____ Yes</div><div>____ No</div></div>	<div><div>7.1</div><div>Vendor agrees that as part of the Reverse Auction pre-qualification process, they must submit sample tax forms as outlined in this section.</div></div>											
<div><div>____ Yes</div><div>____ No</div></div>	<div><div>7.2</div><div>Vendor agrees that unless otherwise noted all the specifications in this section apply to the W-2, 1099-MISC, 1095-B, 1095-C, 1094-B, and 1094-C tax form.</div></div>											
<div><div>____ Yes</div><div>____ No</div></div>	<div><div>7.3</div><div>Using the provided file layouts, mappings, and test files, vendor must process the files to generate a sample printing (front and back) of all the records in each W-2, 1099-MISC, 1095-B, and 1095-C test file.</div><div>Samples printing will <b>only</b> be accepted using the materials provided by the State.</div><div>The file layouts and mappings are attached. For reference, they are listed below.</div><table><tr><th>File Layout/Mapping</th><th>Attachment #</th></tr><tr><td>W-2 Forms and Mapping</td><td>Attachment H</td></tr><tr><td>1099-MISC Forms and Mapping</td><td>Attachment I</td></tr><tr><td>1095-B Forms and Mapping</td><td>Attachment J</td></tr><tr><td>1095-C Forms and Mapping</td><td>Attachment K</td></tr></table><div>The test files can be found as text (.txt) files with the other solicitation documents as part of RFQF #3140001473.</div><div>The file names are listed below.</div></div>	File Layout/Mapping	Attachment #	W-2 Forms and Mapping	Attachment H	1099-MISC Forms and Mapping	Attachment I	1095-B Forms and Mapping	Attachment J	1095-C Forms and Mapping	Attachment K	
File Layout/Mapping	Attachment #											
W-2 Forms and Mapping	Attachment H											
1099-MISC Forms and Mapping	Attachment I											
1095-B Forms and Mapping	Attachment J											
1095-C Forms and Mapping	Attachment K											

	<table border="1"> <thead> <tr> <th>Form</th><th>File Name</th></tr> </thead> <tbody> <tr> <td>W-2</td><td>RFQF 3140001473 Test File for W2.txt</td></tr> <tr> <td>1099-MISC</td><td>RFQF 3140001473 Test File for 1099.txt</td></tr> <tr> <td>1095-B</td><td>RFQF 3140001473 Test File for 1095B.txt</td></tr> <tr> <td>1095-C</td><td>RFQF 3140001473 Test File for 1095C.txt</td></tr> </tbody> </table>	Form	File Name	W-2	RFQF 3140001473 Test File for W2.txt	1099-MISC	RFQF 3140001473 Test File for 1099.txt	1095-B	RFQF 3140001473 Test File for 1095B.txt	1095-C	RFQF 3140001473 Test File for 1095C.txt			
Form	File Name													
W-2	RFQF 3140001473 Test File for W2.txt													
1099-MISC	RFQF 3140001473 Test File for 1099.txt													
1095-B	RFQF 3140001473 Test File for 1095B.txt													
1095-C	RFQF 3140001473 Test File for 1095C.txt													
<p>____ Yes</p> <p>____ No</p>	<p><u>7.3.1</u></p> <p>The vendor must provide all the sample print forms independently folded and sealed.</p>													
<p>____ Yes</p> <p>____ No</p>	<p><u>7.4</u></p> <p>Using the provided file layouts, mappings, and test files, vendor must process the files to generate a tax form (front and back) and place the images on a CD-ROM of all the records in the 1094-B and 1094-C test files.</p> <p>Both tax forms can be put on the same CD-ROM.</p> <p>Samples printing will <b><u>only</u></b> be accepted using the materials provided by the State.</p> <p>The file layouts and mappings are attached. For reference, they are listed below.</p> <table border="1"> <thead> <tr> <th>File Layout/Mapping</th><th>Attachment #</th></tr> </thead> <tbody> <tr> <td>1094-B Forms and Mapping</td><td>Attachment L</td></tr> <tr> <td>1094-C Forms and Mapping</td><td>Attachment M</td></tr> </tbody> </table> <p>The test files can be found as text (.txt) files with the other solicitation documents as part of RFQF #3140001473.</p> <p>The file names are listed below.</p> <table border="1"> <thead> <tr> <th>Form</th><th>File Name</th></tr> </thead> <tbody> <tr> <td>1094-B</td><td>RFQF 3140001473 Test File for 1094B.txt</td></tr> <tr> <td>1094-C</td><td>RFQF 3140001473 Test File for 1094C.txt</td></tr> </tbody> </table>	File Layout/Mapping	Attachment #	1094-B Forms and Mapping	Attachment L	1094-C Forms and Mapping	Attachment M	Form	File Name	1094-B	RFQF 3140001473 Test File for 1094B.txt	1094-C	RFQF 3140001473 Test File for 1094C.txt	
File Layout/Mapping	Attachment #													
1094-B Forms and Mapping	Attachment L													
1094-C Forms and Mapping	Attachment M													
Form	File Name													
1094-B	RFQF 3140001473 Test File for 1094B.txt													
1094-C	RFQF 3140001473 Test File for 1094C.txt													



<p>____ Yes</p> <p>____ No</p>	<p><u>7.5</u></p> <p>To aid in the printing, a copy of the current IRS regulations can be found at the links below.</p> <p><a href="#"><u>W-2 Regulations</u></a></p> <p><a href="#"><u>1099-MISC Regulations</u></a></p> <p><a href="#"><u>1094-B Regulations</u></a></p> <p><a href="#"><u>1094-C Regulations</u></a></p> <p><a href="#"><u>1095-B Regulations</u></a></p> <p><a href="#"><u>1095-C Regulations</u></a></p> <p>The vendor acknowledges that the regulations provided are current as of the date of this solicitation and based on Federal regulations that may change for future tax years.</p>	
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## 8. Recycled Materials

Compliance	Specification Number & Description	Bidder Comment (Required if "No")
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>8.1</u> Vendor acknowledges Mississippi law requires that specifications be written as to promote the use of products made from recovered materials. Therefore, bidders are asked to consider bidding on a product made from recovered materials; provided, however, that any product bid must be equal in quality, weight, texture, and color to the product required by these specifications. For the purpose of this specification, a product made from recovered materials must be at least 20% post-consumer waste as defined by EPA and ASTM. Products made from recovered materials will be given a preference in the award procedure as follows:</p> <ol style="list-style-type: none"> <li>1. The low bid that meets specifications will be determined.</li> <li>2. If the low bid meeting specifications is made from recovered materials, then the award will be made to the vendor offering the low bid.</li> <li>3. If the low bid is not made from recovered materials, the award will be made to the low bid meeting specifications that is made from recovered materials; provided, however that the price paid may not be more than 10% higher than the lowest bid received.</li> <li>4. If there are no bids for recycled products within 10% of the lowest bid, then the award will be made to the vendor offering the lowest bid.</li> </ol>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>8.2</u> Vendor must acknowledge if they will be using recycled materials to meet the specifications.</p> <p><input type="checkbox"/> Yes, recycled materials will be used.</p> <p><input type="checkbox"/> No, recycled materials will not be used.</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>8.3</u> If the answer to 8.2 is yes, the vendor must indicate what percentage (%) of the materials are post-consumer waste as defined by EPA and ASTM.</p> <p><input type="checkbox"/> % of the materials are post-consumer waste.</p>	

## 9. References

Compliance	Specification Number & Description	Bidder Comment (Required for "No")
<input type="checkbox"/> Yes  <input type="checkbox"/> No	<u>9.1</u> Using the Reference Form (Attachment E), Vendor must provide three (3) references for similar engagements. The references must include all items specified on the Reference Form.	

**Mississippi Department of Finance and Administration (DFA)  
Mississippi Management and Reporting System (MMRS)  
Printing and Mailing of Tax Forms for Tax Years 2018 – 2022  
RFQF #3140001473**

**Bid Form  
Attachment C**

Company:	
Company Representative Name:	
Company Representative Phone Number:	

The pricing quoted must be inclusive of, but not limited to the following:

- All required equipment and materials;
- All required insurance;
- All required overhead;
- All required profit;
- All required transportation;
- All required labor;
- All required business and professional licenses, permits, etc. (if any);
- Any and all other costs associated with performing the services.

The pricing must include ALL associated costs, with no additional or hidden fees, for processing one (1) year of tax forms. The amounts will be carried forward for each requested tax year thereafter. The vendor should provide quotes for non-recovered and recovered materials.

<b>W-2, 1099-MISC, 1095-B, 1095-C Tax Form Generation, Printing, and CD-ROM Creation</b> <i>Vendor is responsible for paper stock, envelopes, CD-ROMs, delivery of CD-ROMs to the State, and delivery of completed forms to the post office.</i>			
Line #	Line Item Description	Line Item Unit Price	Line Item Total Price
1	Generate, print, stuff and/or seal up to 73,000 tax forms on <u>non-recovered</u> materials regardless the type of form generated.		
2	Generate, print, stuff and/or seal a single tax form (over the 73,000 estimate) on <u>non-recovered</u> materials regardless the type of form generated.		N/A
3	<b>Total Price</b>	N/A	
4	Generate, print, stuff and/or seal up to 73,000 tax forms on <u>recovered</u> materials regardless the type of form generated.		
5	Generate, print, stuff and/or seal a single tax form (over the 73,000 estimate) on <u>recovered</u> materials regardless the type of form generated.		N/A
6	<b>Total Price</b>	N/A	

7	<p>Create a searchable CD ROM of generated tax form images. All images for a given form must be on separate CD ROMs.</p> <p>There will be a total of eight (8) CD ROMs created; two (2) for each of the following:</p> <ul style="list-style-type: none"> <li>• W-2</li> <li>• 1099-MISC</li> <li>• 1095-B</li> <li>• 1095-C</li> </ul>		
8	<b>Total Price</b>	N/A	

<b>W-2, 1099-MISC, 1095-B, 1095-C Tax Form Postage</b> <i>Vendor is responsible for postage costs.</i>			
Line #	Line Item Description	Line Item Unit Price	Line Item Total Price
9	First Class postage estimate for mailing up to 73,000 tax forms regardless the type of form mailed.		
10	First Class postage estimate for mailing a single tax form (over the 73,000 estimate) regardless the type of form mailed.		N/A
11	<b>Total Price</b>	N/A	

<b>1094-B and 1094-C Tax Form Generation and CD-ROM Creation</b> <i>Vendor is responsible for CD-ROMs and delivery of CD-ROMs to the State.</i>			
Line #	Line Item Description	Line Item Unit Price	Line Item Total Price
12	<p>Generate and create up to 200 tax form images on a searchable CD ROM regardless the type of form generated. All images for a given form must be on separate CD ROMs.</p> <p>There will be a total of four (4) CD ROMs created; two (2) for each of the following:</p> <ul style="list-style-type: none"> <li>• 1094-B</li> <li>• 1094-C</li> </ul>		
13	<p>Generate and create a single tax form (over the 200 estimate) on a searchable CD ROM regardless the type of form generated.</p> <p>The forms must be included on the CD ROMs created for line #12.</p>		
14	<b>Total Price</b>	N/A	

By signing below, the Company Representative certifies that he/she has the authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this procurement, RFQF #3140001473, and the attachments herein;
2. That the company meets all requirements and acknowledges all requirements contained in this procurement, RFQF #3140001473, and the attachments herein;
3. That the company agrees to all provisions of this procurement, RFQF #3140001473, and the attachments herein;
4. That the company will perform, without delay, the services required at the prices quoted in this Attachment C;
5. That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date; and,
6. That the company has, or will secure, at its own expense, applicable personnel who shall be qualified to perform the duties required to be performed under this procurement.

Printed Name:	
Signature:	
Date:	

**Mississippi Department of Finance and Administration (DFA)  
Mississippi Management and Reporting System (MMRS)  
Printing and Mailing of Tax Forms for Tax Years 2018 – 2022  
RFQF #3140001473**

**Execution of Bid  
Attachment D**

**EXECUTION OF BID MUST BE SIGNED IN INK**

In compliance with this request, for bid and subject to all the conditions and specifications listed herein, the undersigned offers and agrees to furnish any or all of the items upon which prices are quoted, at the price set opposite each item.

**Bidder Information:**

Company Name:					
Street Address:					
City:		State:		Zip:	
Telephone Number:					
Fax Number:					
Email Address:					

I/We make the following certifications and assurances as a required element of the offer to which it is attached, of the understanding that the truthfulness of the facts affirmed here and the continued compliance with these requirements are conditions precedent to the award.

**Representation Regarding Contingent Fees:**

The Contractor represents that it **has / has not** retained a person to solicit or secure a DFA contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Contractor's bid, proposal or qualifications.

**Representation Regarding Gratuities:**

The Bidder, Offeror, or the Contractor represents that it **has / has not** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the *Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations*.

**Certification of Independent Price Determination**

The Respondent certifies that the prices submitted in response to the solicitation **have / have not** been arrived at independently and without, for the purpose of restricting

competition, and consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a proposal, or the methods or factors used to calculate price.

**Prospective Contractor's Representation Regarding Contingent Fees**

The prospective Contractor represents as part of such Contractor's proposal that such Contractor **has / has not** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

Printed Name:	
Title:	
Authorized Signature:	
Date:	

Acknowledgment of Amendments (if applicable)	
Amendment #1:	
Amendment #2:	
Amendment #3:	
Printed Name/Title:	
Signature/Date:	

\* Signature of bidder must be in ink.

**Note:** Please be sure to **circle the applicable word or words** provided above. Failure to circle the applicable word or words and/or to sign the execution of bid form may result in the proposal being rejected as nonresponsive. **Modifications or additions to any portion of this proposal document may be cause for rejection of the proposal.**



**Mississippi Department of Finance and Administration (DFA)**  
**Mississippi Management and Reporting System (MMRS)**  
**Printing and Mailing of Tax Forms for Tax Years 2018 – 2022**  
**RFQF #3140001473**

**References**  
**Attachment E**

Vendor must provide three (3) references for similar engagements. The references must contain all the required information below.

DFA reserves the right to contact any provided reference without notifying vendor.

<b>Reference #1</b>	
Company Name:	
Contact Name:	
Contract Phone Number:	
Contact Email Address:	
Brief Description of Services Provided:	

<b>Reference #2</b>	
Company Name:	
Contact Name:	
Contract Phone Number:	
Contact Email Address:	
Brief Description of Services Provided:	

<b>Reference #3</b>	
Company Name:	
Contact Name:	
Contract Phone Number:	
Contact Email Address:	
Brief Description of Services Provided:	

## Confidentiality Agreement Attachment F

1. Certain information will be made available by DFA to Vendor Name to enable Vendor Name to perform services necessary in order to prepare a proposal to DFA for generation, printing mailing, and CD-ROM creation the annual employee W2, 1095-B, 1095-C, and vendor 1099-MISC forms. And, the generation and CD-ROM creation of the annual employee 1094-B and 1094-C forms.
2. Information from DFA's records is not to be disclosed without prior written consent of the individual or firm to whom the record pertains. Information provided to Vendor Name is confidential and shall not be made available to any individual or organization by Vendor Name.
3. The confidentiality of any and all information provided by DFA to me directly or through Vendor Name will be upheld and protected. All such information will be handled and processed in a manner to preserve its confidentiality and it will not be revealed or divulged to any individual or organization.
4. All information submitted by DFA will remain the property of DFA and will be returned to DFA upon completion or upon request by DFA.

Signature



## MAGIC Reverse Auction Bidders Training Guide

The MAGIC Reverse Auction Bidders Training Guide provides instructions for vendors to participate in Reverse Auctions. Vendors have the ability to submit bids electronically and view real time bid ranking. The identity of participating bidders will not be displayed to other bidders throughout the online auction process. However, bidders will be able to see the current best bid.

### Contents

<b>Technical Requirements</b>	<b>2</b>
<b>Login Procedure</b>	<b>2</b>
<b>View Available Reverse Auctions</b>	<b>3</b>
<b>Search for Auction(s)</b>	<b>3</b>
<b>Display Auction Details</b>	<b>5</b>
<b>Display Line Items</b>	<b>6</b>
<b>Display Notes and Attachments</b>	<b>8</b>
<b>Participating in a Live Auction</b>	<b>8</b>
<b>Live Auction Cockpit</b>	<b>9</b>
<b>Chat and System Messages</b>	<b>12</b>
<b>Pausing and/or Resuming an Auction</b>	<b>13</b>



## MAGIC Reverse Auction Bidders Guide

### Technical Requirements

Bidders are responsible for ensuring technical requirements are met.

#### Acceptable Internet Browser(s)

- Microsoft Internet Explorer (IE) version 11
- Google Chrome versions 49 and above (will need to download and install a Chrome Extension called "IE Tab Extension")

#### Unsupported Internet Browser(s)

- Microsoft Internet Explorer (IE) version 10 or below
- Microsoft Edge
- Google Chrome
- Safari
- Firefox

Note: Pop-up blocker must be turned off.

#### Java

- Reverse Auction requires Java version 6.30 or higher. Java can be downloaded from following Web site.  
<https://www.java.com/en/download/>

### Login Procedure

Vendors must be registered in MAGIC in order to receive a User ID and password to log in. Vendors who are new to MAGIC may visit the [Vendor Information page](#) on DFA's Web Site, or register online, [Vendor Registration](#).

To Log into MAGIC, open the following URL: <https://portal.magic.ms.gov/iri/portal>. Enter User ID and Password. The password is case sensitive.

MAGIC is the Mississippi Accountability System for Government Information and Collaboration.

Having password problems? Please click on this [link](#) for help...

User \*

Password \*

If you need access or additional information please go to the below website.  
<http://www.dfa.ms.gov/dfa-offices/mmrs>

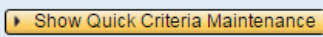


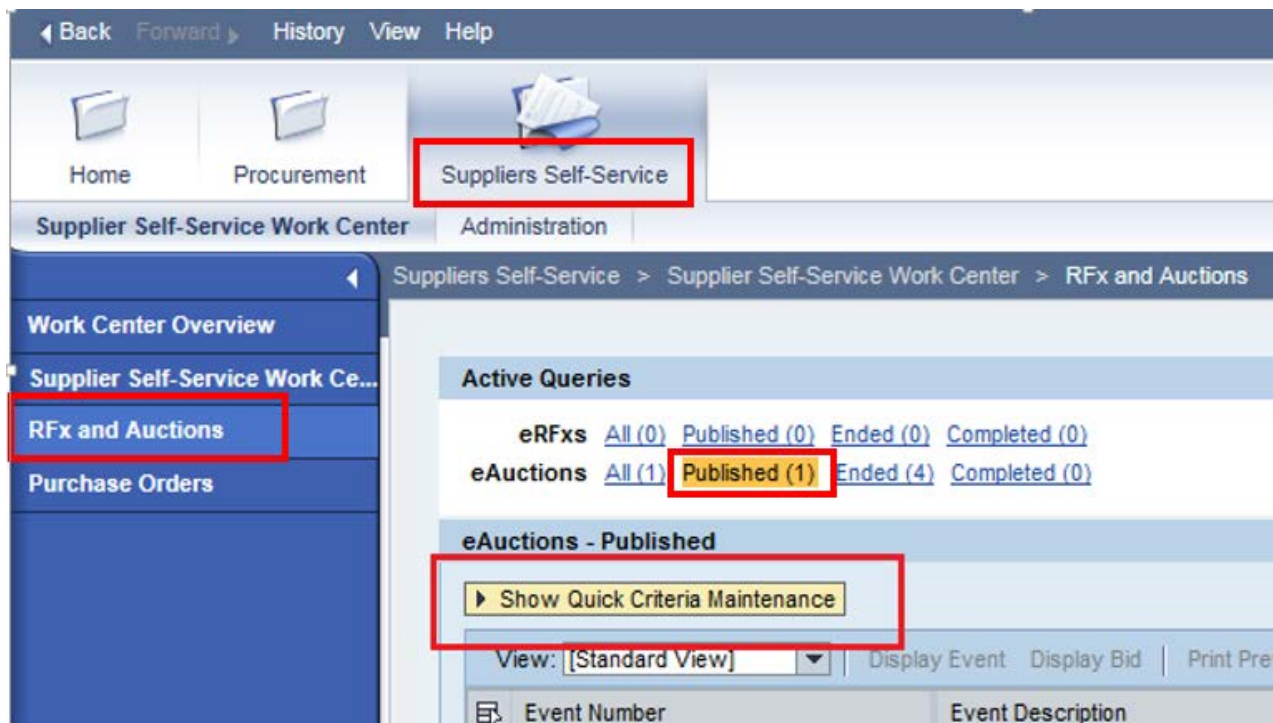
## View Available Reverse Auctions

### Search for Auction(s)

Listed below are the steps to search for a bid response.

- 1.) **Bidders must first respond to the RFx (RFQF) to be able to participate in the Reverse Auction.** Instructions for creating a response to an RFx are available here, [RFx Response -Supplier Self Service](#).
  - The RFx (RFQF)– Bid Specifications will provide details for qualifying criteria. Only bidders qualified through the RFx (RFOF) will be invited to participate in Reverse Auctions.
- 2.) To search for auctions, click on the **Suppliers Self-Service** tab.
- 3.) Select **RFx and Auctions** in the navigation menu on the left of the screen.
- 4.) Select the **Published** link on the eAuctions line of the Active Queries section.

Note: If the search fields are not visible, click the  button to expand the search criteria.





## MAGIC Reverse Auction Bidders Guide

- 5.) Enter the search criteria. To find all available bid opportunities, skip to step (f).
  - a) Select **All** or **Published** to search for available Events (eAuctions).
  - b) Enter the appropriate *Quick Criteria Maintenance* fields: **Event Number** (Auction number) or complete any optional relevant search criteria.
  - c) Click on **Apply** to view all Auctions based on your search criteria.
  - d) To generate an updated search using the same selection criteria, click **Refresh** or skip to step (7).
- 6.) Click **Apply** to find available bid opportunities.
- 7.) In the results list, click on the **Event Number** to open the Auction details in a separate window. (Pop-up blocker must be turned off.)

The screenshot displays the MAGIC (Mississippi Accountability System for Government Information and Collaboration) web application. The interface includes a top navigation bar with links like Home, Employee Self-Service, Suppliers Self-Service, General Applications, System Administration, Content Management, and User Administration. The main content area is titled "Suppliers Self-Service Work Center" and "RFx and Auctions".

Under "Active Queries", the "eAuctions" section is highlighted, showing filters: All (1), Published (1), Ended (0), and Completed (0). Below this, the "eAuctions - All" section contains a "Hide Quick Criteria Maintenance" box with search criteria fields: Event Number (3300000092), Event Status, Creation Date, Deadline Date Flag, Status, My RFx Responses From, and Smart Number. The "Apply" button is highlighted in red.

Below the search criteria, the "View: [Standard View]" dropdown is set to "Standard View". The "Refresh" button is also highlighted in red. The results table below shows one entry:

Event Number	Event Description	Event Type	Event Status	Start Date	End Date	Bid Number	Bid Status
<a href="#">3300000092</a>	1130-18-R-RAEX-00002	English Auction	Active	10/20/2017	10/27/2017		No Bid Created



## MAGIC Reverse Auction Bidders Guide

### Display Auction Details

Listed below are the steps view the auction details and information regarding the auction.

- 1.) The Auction Details screen will be displayed. It is important to review the details prior to the Auction begin time. Bidding will not be available prior to the Auction Start Date / Time.

The table below list the fields and a brief description of the information available on the Auction Parameters sub-tab of the Auction Information tab.

**Display Auction: 3300000092**

Print Preview
Close
Live Auction

3 Days 11:41:05 Remaining Time
Number 3300000092
Name 1130-18-R-RAEX-00002
Owner First Last
Status Active
Currency USD
Start Date 20.10.2017 13:58:45 CST
End Date 27.10.2017 01:00:00 CST

Auction Information
Items
Notes and Attachments

Auction Parameters
Notes and Attachments

**Identification**  
Name: 1130-18-R-RAEX-00002  
Type: English Auction  
Product Category:  
Currency: USD

**Dates**  
Start Date: 10/20/2017 01:58:45 pm  
End Date: 10/27/2017 01:00:00 am  
Time Zone: CST

**Event Parameters**  
Bid Decrement: Absolute  
Bid Validation: New bid must beat overall best bid  
Follow On Document: Contract  
Sequential Line Items: ☐  
Sequential Initial Duration: 0  
Sequential End-Time Gap: 0

**Automatic Extensions:**  
Remaining Time Trigger: 0  
Extension Period: 0  
Number of Extensions: 0

**Status and Statistics**  
Creation Date: 10/03/2017 04:27:46 pm  
Created By: SRMBUYER04

Section	Field Name	Description
Identification	Name	Smart Number with details related to the RFx
	Type	English Auction is the standard for State of Mississippi
	Product Category	The 5 digit NIGP code (optional)
	Currency	US Dollar (USD)
Dates	Start Date	Begin Date and Time for the Live Auction
	End Date	Date and Time of Live Auction completion
	Time Zone	Central Standard Time (CST)
Event Parameters	Bid Decrement	The amount/percentage by which the next bid must decrease relevant to the current lowest bid.
	Bid Validation	Logic used to determine if the bid is valid.
	Follow On Document	Contract or Purchase Order
	Sequential Line Items	Enables sequential line item functionality to stagger end times.
	Sequential Initial Duration	The amount of time in between each line item end time.
	Sequential End-Time Gap	The time between item end times.
Automatic	Remaining Time Trigger	The time period before the end of the auction where an



## MAGIC Reverse Auction Bidders Guide

Extensions		extension can be triggered due to bid activity.
	Extension Period	Number of minutes, for which the auction will be extended if a bidder submits an offer within the Remaining Time Trigger period.
	Number of Extensions	The number of times an auction can be extended by bid activity within the Remaining Time Trigger.
Status and Statistics	Creation Date	The date and time the auction was created.
	Created By	The UserID of the Agency Buyer who created the auction.

### Display Line Items

Listed below is information regarding the line items associated with the auction.

- 1.) Click the **Items** tab to view the line items.

**Display Auction: 3300000092**

Print Preview | Close | Live Auction

3 Days 11:41:05 Remaining Time | Number 3300000092 | Name 1130-18-R-RAEX-00002 | Owner First Last | Status Active | Currency USD

Start Date 20.10.2017 13:58:45 CST | End Date 27.10.2017 01:00:00 CST

Auction Information | **Items** | Notes and Attachments

▼ Item Overview

Details | Copy | Paste | Expand All | Collapse All | Filter Settings

Line Number	Item Type	Product ID	Description	Lot	Quantity	Unit	Start Price	Bid Decrement Amount	Delivery Date	Notes	Attachments
1	Material		TEST 01		1,000 AU		10,000,00	10,00		0 / 0	0 / 0
2	Material		TEST 02		1,000 AU		10,000,00	10,00		0 / 0	0 / 0
3	Material		TEST 03		1,000 EA		10,000,00	10,00		0 / 0	0 / 0
4	Material		TEST 04		1,000 EA		10,000,00	10,00		0 / 0	0 / 0

If the items are in **Lots**, the main items will be listed with individual lot items below.

Number 3300000165 | Name 1130-18-R-RFQ-00037 | Type English Auction | Status Saved | Number of Bidders 11

Auction Information | Bidders | **Items** | Notes and Attachments | Bidder View | Tracking

▼ Item Overview

Details | Add Item | Copy | Paste | Duplicate | Delete

Line Number	Item Type	Product ID	Description	Lot	Product Category	Quantity	Unit	Start Price	Reference Price	Reserve Price	Price Unit	Bid Decrement
1			APRONS	✓				0.00	0.00	0.00		
1.1	Material		Big		10004	300	EA			0.00		1
1.2	Material		Small		10004	400	EA			0.00		1
1.3	Material		Medium		10004	300	EA			0.00		1
2			UNIFORM	✓				0.00	0.00	0.00		
2.1	Material		Big		10004	300	EA			0.00		1
2.2	Material		Small		10004	400	EA			0.00		1
2.3	Material		Medium		10004	300	EA			0.00		1
3			HATS	✓				0.00	0.00	0.00		
3.1	Material		top hats		10004	1,000	EA			0.00		1
3.2	Material		cowboy hats		10004	5,000	EA			0.00		1
3.3	Material		baseball caps		10004	10,000	EA			0.00		1

- 2.) To view additional details for a line item, select the desired line and click the **Details** button.





## MAGIC Reverse Auction Bidders Guide

**Display Auction: 3300000092**

Print Preview | Close | Live Auction

3 Days 11:41:05 Remaining Time | Number 3300000092 | Name 1130-18-R-RAEX-00002 | Owner First Last | Status Active | Currency USD

Start Date 20.10.2017 13:58:45 CST | End Date 27.10.2017 01:00:00 CST

Auction Information | **Items** | Notes and Attachments

▼ Item Overview

Details | Copy | Paste | Expand All | Collapse All | Filter Settings

Line Number	Item Type	Product ID	Description	Lot	Quantity	Unit	Start Price	Bid Decrement Amount	Delivery Date	Notes	Attachments
1	Material	TEST 01			1,000	AU	10,000.00	10.00		0 / 0	0 / 0
2	Material	TEST 02			1,000	AU	10,000.00	10.00		0 / 0	0 / 0
3	Material	TEST 03			1,000	EA	10,000.00	10.00		0 / 0	0 / 0
4	Material	TEST 04			1,000	EA	10,000.00	10.00		0 / 0	0 / 0

3.) The details for the line item will be displayed.

Item 1 : TEST 01

Item Data | Notes and Attachments

Identification

Item Type: Material

Product ID:

Description: TEST 01

Product Category: 86300

Currency, Values and Pricing

Quantity / Unit: 1,000 AU

Price Per Unit: 1 Activity unit

Start Price: 10,000.00 USD

Ceiling Price: 0.00 USD

Bid Decrement Percent: 0.00

The table below list the fields and a brief description of the information available for each line item.

Section	Field Name	Description
Identification	Item Name	Type of item (Material)
	Product ID	11 digit material number
	Description	Detailed description of the item
	Product Category	The 5 digit NIGP code
Currency, Values, and Pricing	Quantity /Unit	The number of items / the Unit of Measure (i.e. EA for each)
	Price Per Unit	The individual price based on the Unit of Measure indicated.
	Start Price	Starting bid price of the item (Bids higher than the start price will not be accepted.)
	Ceiling Price	Ceiling Price is not used.
	Bid Decrement Percent	Bid decrement amount if percentage option is selected.
	Bid Decrement	Bid decrement amount if dollar amount option is selected.



## MAGIC Reverse Auction Bidders Guide

### Display Notes and Attachments

Click the **Notes and Attachments** tab to view supporting documents and/or notes associated with the auction.

**Display Auction: 3300000092**

Print Preview | Close | Live Auction

3 Days 11:31:45 Remaining Time    Number 3300000092    Name 1130-18-R-RAEX-00002    Owner First Last    Status Active    Currency USD  
Start Date 20.10.2017 13:58:45 CST    End Date 27.10.2017 01:00:00 CST

Auction Information    Items    **Notes and Attachments**

▼ Notes

Add Clear

Assigned To	Category	Text Preview

▼ Attachments

Add Attachment    Edit Description    Versioning    Delete    Create Qualification Profile

Assigned To	Category	Description	File Name	Version	Processor	Checked Out	Type	Size (KB)	Changed by
Document Header	Standard Attachment	<a href="#">test</a>	3160000714.MHTML	1		<input type="checkbox"/>	MHTML	55	SRMBUYER04

### Participating in a Live Auction

After completing the steps above to find a desired auction, the steps below can be used to participate in the Live Auction process.

1.) With the Auction displayed, click the **Live Auction** button.

**Display Auction: 3300000092**

Print Preview | Close | **Live Auction**

3 Days 11:25:52 Remaining Time    Number 3300000092    Name 1130-18-R-RAEX-00002    Owner First Last    Status Active    Currency USD  
Start Date 20.10.2017 13:58:45 CST    End Date 27.10.2017 01:00:00 CST

Auction Information    Items    Notes and Attachments

2.) A pop-up window will appear containing Terms and Conditions to participate in the Live Auction. Review all terms and conditions. If you agree, click **Accept**. If you click **Decline** you will not be allowed to participate in the Live Auction.

If the agency did not establish Terms and Conditions this screen will not be displayed.

Terms and Conditions

These are the conditions of participation. Do you Accept?



## MAGIC Reverse Auction Bidders Guide

- 3.) If any pop-ups appear asking for a confirmation to run the JAVA application, click **Run**.



- 4.) The Live Auction bidding screen will be displayed. If you receive any error messages, please ask your company's system administrator to verify your computer's technical requirements.

### Live Auction Cockpit

The Live Auction Cockpit will be displayed when the JAVA application has run.

Listed below is information regarding key items for the Live Auction Cockpit. The steps for submitting a response are located on the next page.

#### Live Auction Cockpit

Name: 1130-18-R-RFQI-00030

Number: 3300000163

Rule Profile: Reverse auction with broken lot, full quantity, anonymous bidding

Description:

Currency: USD

Requester: 1130\_SRGBOS1

Start Date: 08/23/2017 10:38:30 AM CDT

End Date: 08/23/2017 10:50:00 AM CDT

Time Remaining: 00:08:06 (Active)

Item	Description	Quantity	Unit	Price Unit	Start Price	Decrement	Rank	My Bid	My Bid Value	Best Bid	Next Valid Bid	Bid Price
1	Pencils	100	each	1	19.00	-	-	-	-	10.00	10.00	
2	Pens	200	Case	1	20.00	-	-	-	-	11.00	11.00	
3	Folders	300	Pail	1	29.00	-	-	-	-	22.00	22.00	
4	Books	400	Drum	1	34.00	-	-	-	-	28.00	28.00	

Total Value of M

Details

History

Charts

Calculation

Item 1

Description Pencils

Quantity 100

Unit each

Price Unit 1

Currency USD

Start Price 19.00

Decrement 0.00

Revision Level

Supplier Text



## MAGIC Reverse Auction Bidders Guide

Field Name	Description
Start Date	Date and Time the Live Auction starts
End Date	Date and Time the Live Auction ends
Time Remaining	The time remaining for the Live Auction
Description	Line item description
Quantity	Line item quantity
Unit	Line item unit
Price Unit	Line item price per unit
Start Price	The initial price for the line item.
Best Bid	The lowest bid that has been submitted, to date, for that line item. This field will be blank until the first bid has been submitted.
Next Valid Bid	The next price that is allowed to be bid for that line item. It is determined by subtracting the decrement amount from the best bid amount.
Bid Price	Your bid for the item. Your bid should be equal or less than the next valid bid field.  For instructions on how to enter your bid price, see the next page.

### Submitting a Bid Response

The steps below must be completed for each separate line item you wish to bid on.

1. Click desired line item.
2. Enter the price in the **Bid Price** field(s) for the items you wish to bid on.

**Live Auction Cockpit**

Name: 1130-18-R-RFQF-00025  
Number: 3300000120  
Rule Profile: Reverse auction with broken lot, full quantity, anonymous bidding  
Description:

Requester: 1130\_SRMBO51  
Start Date: 10/16/2017 10:06:00 AM CDT  
End Date: 10/19/2017 9:59:00 AM CDT  
Time Remaining: 00:00:00 (Ended)

Item	Description	Quantity	Unit	Price Unit	Start Price	Decrement	Rank	My Bid	My Bid Value	Best Bid	Next Valid Bid	Bid Price
1	Test Material 01	10	each	1	1,000.00	10.00	1	660.00	6,600.00	660.00	650.00	
2	Test Material 02	12	each	1	1,000.00	10.00	1	660.00	7,920.00	660.00	650.00	
3	Test Material 03	15	each	1	1,500.00	10.00	1	870.00	13,050.00	870.00	860.00	
4	Test Material 04	20	each	1	2,000.00	10.00	1	872.00	17,440.00	872.00	862.00	

Total Value of My Bids: 45,010.00
Total Bid Value:



## MAGIC Reverse Auction Bidders Guide

- Click the **Submit** button. The submit button may be submitted after each line item price is entered or after you enter the price for all line items you wish to bid on.

### Live Auction Cockpit

Name: 1130-18-R-RFQF-00025  
Number: 3300000120  
Rule Profile: Reverse auction with broken lot, full quantity, anonymous bidding  
Description:

Currency: USD  
Requester: 1130\_SRGBOS1  
Start Date: 10/16/2017 10:06:00 AM CDT  
End Date: 10/19/2017 9:59:00 AM CDT  
Time Remaining: 00:00:00 (Ended)

Item	Description	Quantity	Unit	Price Unit	Start Price	Decrement	Rank	My Bid	My Bid Value	Best Bid	Next Valid Bid	Bid Price
1	Test Material 01	10	each	1	1,000.00	10.00	1	660.00	6,600.00	660.00	650.00	
2	Test Material 02	12	each	1	1,000.00	10.00	1	660.00	7,920.00	660.00	650.00	
3	Test Material 03	15	each	1	1,500.00	10.00	1	870.00	13,050.00	870.00	860.00	
4	Test Material 04	20	each	1	2,000.00	10.00	1	872.00	17,440.00	872.00	862.00	

Total Value of My Bids: 45,010.00
Total Bid Value:

- A confirmation pop-up window will be displayed. The bid value (by line item) will be displayed the total of the Unit Price times the Quantity for that item. If the bid amount(s) are correct, click **Yes**. If the bid amount(s) are incorrect, click **No** and repeat the steps above to enter the correct bid amounts.



- A confirmation of a successful bid submission will be displayed in the Chat Window. Note: Erroneous bids may be deleted by the agency during the live auction.

### Chat and System Messages

06/07/2017 10:27:40 AM CDT [System]: Your bid for line item 1 has been successfully submitted  
06/07/2017 10:27:40 AM CDT [System]: Your bid for line item 2 has been successfully submitted  
06/07/2017 10:27:40 AM CDT [System]: Your bid for line item 3 has been successfully submitted

- Repeat steps 1 – 5 for each desired line item.



## MAGIC Reverse Auction Bidders Guide

### Chat and System Messages

The Chat and System Messages area is used for viewing chat messages from an agency buyer and information messages automatically generated by MAGIC.

Below are helpful hints in using the chat feature:

<b>A bidder CAN:</b>	Send a message to an agency buyer. Type the message in the message box and click <b>Send</b> .
	See broadcast messages from the agency buyer to ALL bidders.
	See messages regarding the status of the auction (e.g. paused, resumed, or extended)
<b>A bidder CANNOT:</b>	Send a message to other bidders of the auction.
	See messages sent to an agency by other bidders.
	See messages sent to other bidders from the agency buyer.

Chat and System Messages

Participating Bidders 5

Purchaser Status Offline

☒ Display Time Stamp

All Messages ▾

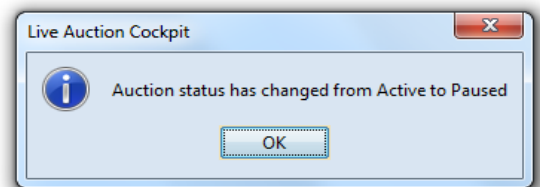
Please send me.....

Send



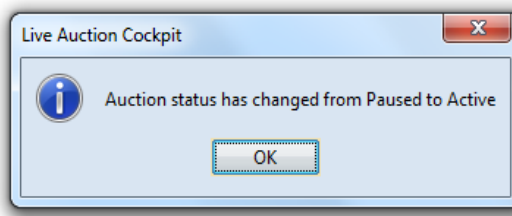
### Pausing and/or Resuming an Auction

If necessary, the agency buyer can pause the Live Auction bidding. In such cases, the auction status will be changed from “Active” to “Paused”. A system alert will appear on the screen.

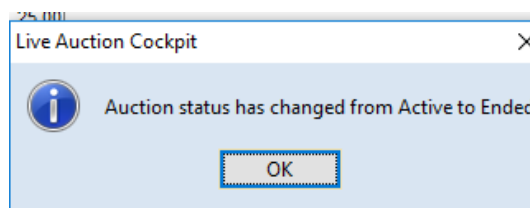


**The countdown clock will not stop running while the auction is paused. The time remaining and end date / time are not affected or extended automatically.**

When the agency buyer resumes the auction the auction status will be changed from “Paused” to “Active”. A system alert will appear on the screen.



Once the auction has ended, a notification will display.



**Mississippi Department of Finance and Administration (DFA)**  
**Mississippi Management and Reporting System (MMRS)**  
**Printing and Mailing of Tax Forms for Tax Years 2018 – 2022**  
**RFQF #3140001473**

**W-2 Forms and Mapping**  
**Attachment H**

Included in this attachment are the forms and mappings needed to generate the W-2 tax forms.

Document	Description
W-2 Form	A copy of a blank W-2 form.
W-2 Form with Mapping	The W-2 form with mapping of what record layout and position within said layout should be used.
W-2 Form with Mailer Mapping	The W-2 form with the mailing and return address mapping.
RA Submitter Record Layout	File layout for the RA record.
RE Employer Record Layout	File layout for the RE record.
RF Final Record Layout	File layout for the RF record.
RS State Wage Record Layout	File layout for the RS record.
RT Total Record Layout	File layout for the RT record.
RW Employee Wage Record Layout	File layout for the RW record.



<b>Copy B To Be Filed With Employee's Federal Tax Return</b>		<b>2017</b>		OMB No. 1545-0008	
a Employee's SSN		1 Wages, tips, other compensation		2 Federal income tax withheld	
b Employer ID number		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
c Employer's name, address, and ZIP code					
e Employee's name, address, and ZIP code					
9 Verification code		10 Dependent care benefits		11 Nonqualified plans	
12a				13 Stat. Emp. Ret. plan 3rd-party sick pay	
12b				14 Other	
12c					
12d					
12e					
12f					
12g					
15 State Employer's State ID #		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

**Form W-2 Wage and Tax Statement**  
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

<b>Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return</b>		<b>2017</b>		OMB No. 1545-0008	
a Employee's SSN		1 Wages, tips, other compensation		2 Federal income tax withheld	
b Employer ID number		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
c Employer's name, address, and ZIP code					
e Employee's name, address, and ZIP code					
9 Verification code		10 Dependent care benefits		11 Nonqualified plans	
12a				13 Stat. Emp. Ret. plan 3rd-party sick pay	
12b				14 Other	
12c					
12d					
12e					
12f					
12g					
15 State Employer's State ID #		16 State wages, tips,		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

**Form W-2 Wage and Tax Statement**  
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

<b>Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)</b>		<b>2017</b>		OMB No. 1545-0008	
a Employee's SSN		1 Wages, tips, other compensation		2 Federal income tax withheld	
b Employer ID number		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
c Employer's name, address, and ZIP code					
e Employee's name, address, and ZIP code					
9 Verification code		10 Dependent care benefits		11 Nonqualified plans	
12a				13 Stat. Emp. Ret. plan 3rd-party sick pay	
12b				14 Other	
12c					
12d					
12e					
12f					
12g					
15 State Employer's State ID #		16 State wages, tips,		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

**Form W-2 Wage and Tax Statement**  
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury - IRS

<b>Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return</b>		<b>2017</b>		OMB No. 1545-0008	
a Employee's SSN		1 Wages, tips, other compensation		2 Federal income tax withheld	
b Employer ID number		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
c Employer's name, address, and ZIP code					
e Employee's name, address, and ZIP code					
9 Verification code		10 Dependent care benefits		11 Nonqualified plans	
12a				13 Stat. Emp. Ret. plan 3rd-party sick pay	
12b				14 Other	
12c					
12d					
12e					
12f					
12g					
15 State Employer's State ID #		16 State wages, tips,		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

**Form W-2 Wage and Tax Statement**  
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

## Notice to Employee

**Do you have to file?** Refer to the Form 1040 Instructions to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned income credit (EIC).** You may be able to take the EIC for 2017 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for 2017 or if income is earned for services provided while you were an inmate at a penal institution. For 2017 income limits and more information, visit [www.irs.gov/eitc](http://www.irs.gov/eitc). Also see Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Clergy and religious workers.** If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error

reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at [www.SSA.gov](http://www.SSA.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

**Credit for excess taxes.** If you had more than one employer in 2017 and more than \$7,886.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,630.50 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

(Also see *Instructions for Employee* on the back of Copy 2.)

### Instructions for Employee (Also see *Notice to Employee*, on the back of Copy 2.)

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 9.** If you are e-filing and if there is a code in this box, enter it when prompted by your software. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns.

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2017, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

**Note.** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

**B**—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

**C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

(continued on back of Copy C)

### Instructions for Employee (continued from back of Copy 2)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E**—Elective deferrals under a section 403(b) salary reduction agreement

**F**—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

**J**—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

**K**—20% excise tax on excess golden parachute payments. See "Other Taxes" in the Form 1040 instructions.

**L**—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.

**N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.

**P**—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

**Q**—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

**T**—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.

**W**—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

**Y**—Deferrals under a section 409A nonqualified deferred compensation plan

**Z**—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions.

**AA**—Designated Roth contributions under a section 401(k) plan

**BB**—Designated Roth contributions under a section 403(b) plan

**DD**—Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF**—Permitted benefits under a qualified small employer health reimbursement arrangement

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590, Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

**Note.** Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return.

However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

<b>Copy B To Be Filed With Employee's Federal Tax Return</b>			<b>2017</b>	OMB No. 1545-0008
a Employee's SSN  <b>SSN RW(3-11)</b>	1 Wages, tips, other compensation <b>Wages RW(188-198)</b>	2 Federal income tax withheld <b>FIT w/held RW(199-209)</b>		
b Employer ID number <b>64-0897726 RA(3-11)</b>	3 Social security wages <b>SSA Wgs RW(210-220)</b>	4 Social security tax withheld <b>SSA w/held RW(221-231)</b>		
	5 Medicare wages and tips <b>Med Wgs RW(232-242)</b>	6 Medicare tax withheld <b>Med w/held RW(243-253)</b>		
c Employer's name, address, and ZIP code  <div style="display: flex; justify-content: space-between;"> <div> <b>Name RE(40-62)</b>  <b>Name2 RE(63-96)</b>  <b>Addr RE(119-140)</b>  <b>City RE(141-162) State RE(163-164) Zip RE(165-169) Zip4 RE(170-173)</b> </div> <div style="font-size: 8pt;">           Example:            STATE OF MISSISSIPPI            MS DEPT. OF FINANCE &amp; ADMIN            PO BOX 1060            JACKSON MS 39215-1060         </div> </div>				
e Employee's name, address, and ZIP code  <b>First RW(12-26) MI RW(27-41) Last RW(42-61) Sfx RW(62-65)</b> <b>Addr Delvx RW(553-592)</b> <b>Addr Locax RW(513-552)</b> <b>Addr City RW(110-131) Addr State RW(132-133) Addr Zip RW(134-138) Addr Zip4 RW(139-142)</b>				
9 Verification code		10 Dependent care benefits <b>Dep Bnf RW(276-286)</b>	11 Nonqualified plans <b>Non Qual RW(353-363)</b>	
12a	<b>See Below</b>		13 Stat. Emp.	Ret. plan      3rd-party sick pay
12b			14 Other  <b>MS DEF RET CAFE PLAN</b>	
12c				
12d				
12e				
12f				
12g				
<b>XX*</b>	<b>RS(248-267)</b>	<b>RS(276-286)</b>	<b>RS(287-297)</b>	
15 State Employer's State ID #		16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.		19 Local income tax	20 Locality name	

**Form W-2 Wage and Tax Statement**

This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

**Box B**

Employer ID Number should be formatted as shown.

**Box 12** - Code should be entered ONLY if amount location not zero. No box should be skipped.

C Emp Ins RW(408-418)  
 E 403B RW(298-308)  
 G 457B RW(320-330)  
 J Nontax Sickpay RW(615-625)  
 BB Roth 403B RW(452-462)  
 W Health Savings Plan RW(364-374)  
 DD Cost of Employer Sponsored Health Coverage RW(463-473)

**Box 13**

If one of the following fields has a value of 1, mark an X under the appropriate field. Otherwise leave blank.

Statutory Employee Ind RW(486)  
 Retirement Plan Ind RW(488)  
 Third-Party Sick Pay RW(489)

**Box 14**

MS Def Ret RW(604-614)  
 MS Cafe Plan RW(593-603)

**Box 15**

State Code RS(274-275)  
 \*XX = 28 - MS  
 11 - DC  
 51 - VA

Employer name1  
Employer name2  
Address  
City, State Zip

RE(40-62)  
RE(63-96)  
RE(119-140)  
City RE(141-162), State RE(163-164) Zip RE(170-173)

(tab over)- - - - -> Agency Code( here) Agcy RW(627-630)

Employee name  
Addr1  
Addr2  
City, State Zip

First RW(12-26) MI RW(27-41) Last RW(42-61) Sfx RW(62-65)  
Addr Delvx RW(553-592)  
Addr Locax RW(513-552)  
Addr City RW(110-131) Addr State RW(132-133) Addr Zip RW(134-138) Addr Zip4 RW(139-142)

(perforated)

Copy B To Be Filed With Employee's Federal Tax Return

2017

OMB No. 1545-0008

a Employee's SSN

1 Wages, tips, other compensation

2 Federal income tax withheld

b Employer ID number

3 Social security wages

4 Social security tax withheld

5 Medicare wages and tips

6 Medicare tax withheld

c Employer's name, address, and ZIP code

e Employee's name, address, and ZIP code

9 Verification code

10 Dependent care benefits

11 Nonqualified plans

12a

12b

12c

12d

12e

12f

12g

13 Stat. Emp.

Ret. plan

3rd-party sick pay

14 Other

15 State Employer's State ID #

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

2017

OMB No. 1545-0008

a Employee's SSN

1 Wages, tips, other compensation

2 Federal income tax withheld

b Employer ID number

3 Social security wages

4 Social security tax withheld

5 Medicare wages and tips

6 Medicare tax withheld

c Employer's name, address, and ZIP code

e Employee's name, address, and ZIP code

9 Verification code

10 Dependent care benefits

11 Nonqualified plans

12a

12b

12c

12d

12e

12f

12g

13 Stat. Emp.

Ret. plan

3rd-party sick pay

14 Other

15 State Employer's State ID #

16 State wages, tips,

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

2017

OMB No. 1545-0008

a Employee's SSN

1 Wages, tips, other compensation

2 Federal income tax withheld

b Employer ID number

3 Social security wages

4 Social security tax withheld

5 Medicare wages and tips

6 Medicare tax withheld

c Employer's name, address, and ZIP code

e Employee's name, address, and ZIP code

9 Verification code

10 Dependent care benefits

11 Nonqualified plans

12a

12b

12c

12d

12e

12f

12g

13 Stat. Emp.

Ret. plan

3rd-party sick pay

14 Other

15 State Employer's State ID #

16 State wages, tips,

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Form W-2 Wage and Tax Statement

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

2017

OMB No. 1545-0008

a Employee's SSN

1 Wages, tips, other compensation

2 Federal income tax withheld

b Employer ID number

3 Social security wages

4 Social security tax withheld

5 Medicare wages and tips

6 Medicare tax withheld

c Employer's name, address, and ZIP code

e Employee's name, address, and ZIP code

9 Verification code

10 Dependent care benefits

11 Nonqualified plans

12a

12b

12c

12d

12e

12f

12g

13 Stat. Emp.

Ret. plan

3rd-party sick pay

14 Other

15 State Employer's State ID #

16 State wages, tips,

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

# RA Submitter Record Layout

»

20 NOV 2015

FILE-AID 9.2.0 PRINT FACILITY  
RECORD LAYOUT REPORT

15:06:35 PAGE

1

RECORD LAYOUT DATASET : PH.PROD.DEV  
MEMBER : W2DMCSRA

----- FIELD LEVEL/NAME -----	--PICTURE--	FLD	START	END	LENGTH
CODE-RA-PRTW2			1	626	626
2 RECORD-IDENTIFIER	XX	1	1	2	2
2 SUBMITTER-EMPR-ID-NUMBER	X(9)	2	3	11	9
2 PERSONAL-ID-NUMBER	X(17)	3	12	28	17
2 RESUB-IND	X	4	29	29	1
2 RESUB-TLCN	X(6)	5	30	35	6
2 SOFTWARE-CODE	XX	6	36	37	2
2 COMPANY-NAME	GROUP	7	38	94	57
3 COMPANY-NAME-A1	X(23)	8	38	60	23
3 COMPANY-NAME-A2	X(34)	9	61	94	34
2 COMPANY-ADDRESS-LOCA	X(22)	10	95	116	22
2 COMPANY-ADDRESS-DELV	X(22)	11	117	138	22
2 COMPANY-ADDRESS-CITY	X(22)	12	139	160	22
2 COMPANY-ADDRESS-STATE	XX	13	161	162	2
2 COMPANY-ADDRESS-ZIP	X(5)	14	163	167	5
2 COMPANY-ADDRESS-ZIP4	X(4)	15	168	171	4
2 FILLER-RA1	X(5)	16	172	176	5
2 CFOREIGN-STATE-PROVINCE	X(23)	17	177	199	23
2 CFOREIGN-POSTAL-CODE	X(15)	18	200	214	15
2 CCOUNTRY-CODE	XX	19	215	216	2
2 SUBMITTER-NAME	GROUP	20	217	273	57
3 SUBMITTER-NAME-A1	X(23)	21	217	239	23
3 SUBMITTER-NAME-A2	X(34)	22	240	273	34
2 SUBMITTER-ADDRESS-LOCA	X(22)	23	274	295	22
2 SUBMITTER-ADDRESS-DELV	X(22)	24	296	317	22
2 SUBMITTER-ADDRESS-CITY	X(22)	25	318	339	22
2 SUBMITTER-ADDRESS-STATE	XX	26	340	341	2
2 SUBMITTER-ADDRESS-ZIP	X(5)	27	342	346	5
2 SUBMITTER-ADDRESS-ZIP4	X(4)	28	347	350	4
2 FILLER-RA2	X(5)	29	351	355	5
2 SFOREIGN-STATE-PROVINCE	X(23)	30	356	378	23
2 SFOREIGN-POSTAL-CODE	X(15)	31	379	393	15
2 SCOUNTRY-CODE	XX	32	394	395	2
2 CONTACT-NAME	X(27)	33	396	422	27
2 CONTACT-PHONE-NUMBER	X(15)	34	423	437	15
2 CONTACT-PHONE-EXT	X(5)	35	438	442	5
2 FILLER-RA3	XXX	36	443	445	3
2 CONTACT-EMAIL	X(40)	37	446	485	40
2 FILLER-RA4	XXX	38	486	488	3
2 CONTACT-FAX	X(10)	39	489	498	10

# RA Submitter Record Layout

2	FILLERX	X	40	499	499	1
2	PREPARER-CODE	X	41	500	500	1
2	FILLER-RA5	X(11)	42	501	511	11
2	FILLER-RA6	X	43	512	512	1
2	FILLER-RA5-PRTW2	X(114)	44	513	626	114

i \*\*\* END OF LAYOUT REPORT \*\*\*

\* PH.PROD.DEV(XREFPRT) to print \*

# RE Employer Record Layout

»

20 NOV 2015

FILE-AID 9.2.0 PRINT FACILITY  
RECORD LAYOUT REPORT

15:06:36 PAGE

1

RECORD LAYOUT DATASET : PH.PROD.DEV  
MEMBER : W2DMCSRE

-----	FIELD LEVEL/NAME -----	--PICTURE--	FLD	START	END	LENGTH
	CODE-RE-PRTW2			1	626	626
2	RECORD-IDENTIFIER	XX	1	1	2	2
2	TAX-YEAR	9(4)	2	3	6	4
2	AGENT-IND-CODE	X	3	7	7	1
2	EMPLOYER-AGENT-ID-NUMBER	X(9)	4	8	16	9
2	AGENT-EIN	X(9)	5	17	25	9
2	TERM-BUSINESS-IND	X	6	26	26	1
2	ESTABLISHMENT-NUMBER	X(4)	7	27	30	4
2	OTHER-EIN	X(9)	8	31	39	9
2	EMPLOYER-NAME	GROUP	9	40	96	57
3	EMPLOYER-NAME-A1	X(23)	10	40	62	23
3	EMPLOYER-NAME-A2	X(34)	11	63	96	34
2	EMPLOYER-ADDRESS-LOCA	X(22)	12	97	118	22
2	EMPLOYER-ADDRESS-DELV	X(22)	13	119	140	22
2	EMPLOYER-ADDRESS-CITY	X(22)	14	141	162	22
2	EMPLOYER-ADDRESS-STATE	XX	15	163	164	2
2	EMPLOYER-ADDRESS-ZIP	X(5)	16	165	169	5
2	EMPLOYER-ADDRESS-ZIP4	X(4)	17	170	173	4
2	EMPLOYER-TYPE	X	18	174	174	1
2	FILLER-RE1	X(4)	19	175	178	4
2	ERFOREIGN-STATE-PROVINCE	X(23)	20	179	201	23
2	ERFOREIGN-POSTAL-CODE	X(15)	21	202	216	15
2	ERCOUNTRY-CODE	XX	22	217	218	2
2	EMPLOYMENT-CODE	X	23	219	219	1
2	TAX-JURISDICTION-CODE	X	24	220	220	1
2	ER3RD-PARTY-SICK-PAY	X	25	221	221	1
2	EMPLOYER-CONTACT-NAME	X(27)	26	222	248	27
2	EMPLOYER-CONTACT-PHONE-NUM	X(15)	27	249	263	15
2	EMPLOYER-CONTACT-PHONE-EXT	X(5)	28	264	268	5
2	EMPLOYER-CONTACT-PHONE-FAX	X(10)	29	269	278	10
2	EMPLOYER-CONTACT-EMAIL	X(40)	30	279	318	40
2	FILLER-RE3	X(193)	31	319	511	193
2	FILLER-RE4	X	32	512	512	1
2	FILLER-RE4-PRTW2	X(114)	33	513	626	114

i \*\*\* END OF LAYOUT REPORT \*\*\*

\* PH.PROD.DEV(XREFPRT) to print \*

# RF Final Record Layout

»

20 NOV 2015

FILE-AID 9.2.0 PRINT FACILITY  
RECORD LAYOUT REPORT

15:06:36 PAGE 1

RECORD LAYOUT DATASET : PH.PROD.DEV  
MEMBER : W2DMCSRF

-----	FIELD LEVEL/NAME	-----	--PICTURE--	FLD	START	END	LENGTH
	CODE-RF-PRTW2				1	626	626
2	RECORD-IDENTIFIER		XX	1	1	2	2
2	FILLER-RF1		X(5)	2	3	7	5
2	NUMBER-OF-EMPLOYEES		9(9)	3	8	16	9
2	FILLER-RF2		X(248)	4	17	264	248
2	FILLER-RF3		X(247)	5	265	511	247
2	FILLER-RF4		X	6	512	512	1
2	FILLER-RF3-PRTW2		X(114)	7	513	626	114

i \*\*\* END OF LAYOUT REPORT \*\*\*

\* PH.PROD.DEV(XREFPRT) to print \*



# RS State Wage Record Layout

»  
 20 NOV 2015 FILE-AID 9.2.0 PRINT FACILITY 15:06:36 PAGE 1  
 RECORD LAYOUT REPORT

RECORD LAYOUT DATASET : PH.PROD.DEV  
 MEMBER : W2DMCSST

----- FIELD LEVEL/NAME -----	--PICTURE--	FLD	START	END	LENGTH
CODE-RS-PRTW2			1	626	626
2 RECORD-IDENTIFIER	XX	1	1	2	2
2 STATE-CODE1	XX	2	3	4	2
2 TAXING-ENTITY-CODE	X(5)	3	5	9	5
2 SSN	X(9)	4	10	18	9
2 EMPLOYEE-NAME-FIRST	X(15)	5	19	33	15
2 EMPLOYEE-MID-INITIAL-NAME	X(15)	6	34	48	15
2 EMPLOYEE-LAST-NAME	X(20)	7	49	68	20
2 EMPLOYEE-SUFFIX	X(4)	8	69	72	4
2 EMPLOYEE-ADDRESS-LOCAL	X(22)	9	73	94	22
2 EMPLOYEE-ADDRESS-DELIVERY	X(22)	10	95	116	22
2 EMPLOYEE-ADDRESS-CITY	X(22)	11	117	138	22
2 EMPLOYEE-ADDRESS-STATE	XX	12	139	140	2
2 EMPLOYEE-ADDRESS-ZIP	X(5)	13	141	145	5
2 EMPLOYEE-ADDRESS-ZIP4	X(4)	14	146	149	4
2 FILLER-RS1	X(5)	15	150	154	5
2 EEFORIGN-STATE-PROVINCE	X(23)	16	155	177	23
2 EEFORIGN-POSTAL-CODE	X(15)	17	178	192	15
2 EECOUNTRY-CODE	XX	18	193	194	2
2 UNEMPLOYMENT-REPORTING	GROUP	19	195	267	73
3 OPTIONAL-CODE	XX	20	195	196	2
3 REPORTING-PERIOD	X(6)	21	197	202	6
3 ST-QTR-UNEMP-WAGES	9(9)V99	22	203	213	11
3 ST-QTR-UNEMP-TAX-WAGES	9(9)V99	23	214	224	11
3 NUM-WEEKS-WORKED	XX	24	225	226	2
3 DATE-1ST-EMPLOYED	X(8)	25	227	234	8
3 DATE-SEPARATION	X(8)	26	235	242	8
3 FILLER-RS2	X(5)	27	243	247	5
3 STATE-EMPLOYER-ACCT-NO	X(20)	28	248	267	20
2 FILLER-RS3	X(6)	29	268	273	6
2 INCOME-TAX	GROUP	30	274	337	64
3 STATE-CODE2	XX	31	274	275	2
3 STATE-TAXABLE-WAGES	9(9)V99	32	276	286	11
3 STATE-INCOME-TAX-WH	9(9)V99	33	287	297	11
3 OTHER-STATE-DATA	X(10)	34	298	307	10
3 TAX-TYPE-CODE	X	35	308	308	1
3 LOCAL-TAXABLE-WAGE	9(9)V99	36	309	319	11
3 LOCAL-INCOME-TAX-WH	9(9)V99	37	320	330	11
3 STATE-CONTROL-NUMBER	X(7)	38	331	337	7
2 SUPPLEMENTAL-DATA1	GROUP	39	338	412	75

# RS State Wage Record Layout

3	FILLER1-SUPP-DATA1	X(26)	40	338	363	26
3	HEALTH-SAVINGS-AMT-RS	9(9)V99	41	364	374	11
3	FILLER2-SUPP-DATA1	X(38)	42	375	412	38
2	SUPPLEMENTAL-DATA2	GROUP	43	413	487	75
3	FILLER-RS	X(28)	44	413	440	28
3	ROTH-CONTRIB-401K	9(9)V99	45	441	451	11
3	ROTH-403B-AMT-RS	9(9)V99	46	452	462	11
3	COST-OF-INS-AMT-RS	9(9)V99	47	463	473	11
3	FILLER-RS-1	X(14)	48	474	487	14
2	FILLER-RS4	X(24)	49	488	511	24
2	FILLER-RS5	X	50	512	512	1
2	FILLER-RS5-PRTW2	X(114)	51	513	626	114

i \*\*\* END OF LAYOUT REPORT \*\*\*

\* PH.PROD.DEV(XREFPRT) to print \*

# RT Total Record Layout

»

20 NOV 2015

FILE-AID 9.2.0 PRINT FACILITY  
RECORD LAYOUT REPORT

15:06:36 PAGE

1

RECORD LAYOUT DATASET : PH.PROD.DEV  
MEMBER : W2DMCSRT

----- FIELD LEVEL/NAME -----	--PICTURE--	FLD	START	END	LENGTH
CODE-RT-PRTW2			1	626	626
2 RECORD-IDENTIFIER	XX	1	1	2	2
2 NUMBER-OF-EMPLOYEES	9(7)	2	3	9	7
2 WAGES-TIPS-OTHER-COMP	9(13)V99	3	10	24	15
2 ANNUAL-FED-TAXES	9(13)V99	4	25	39	15
2 SSA-WAGES	9(13)V99	5	40	54	15
2 ANNUAL-SSA-TAXES	9(13)V99	6	55	69	15
2 MEDICARE-WAGES-TIPS	9(13)V99	7	70	84	15
2 MEDICARE-TAX-WITHHELD	9(13)V99	8	85	99	15
2 SSA-TIPS	9(13)V99	9	100	114	15
2 ADV-EARNED-CREDIT	X(15)	10	115	129	15
2 DEP-CARE-BENEFITS	9(13)V99	11	130	144	15
2 DEFERRED-COMP-401K	9(13)V99	12	145	159	15
2 DEFERRED-COMP-403B	9(13)V99	13	160	174	15
2 DEFERRED-COMP-408K6	9(13)V99	14	175	189	15
2 DEFERRED-COMP-457B	9(13)V99	15	190	204	15
2 DEFERRED-COMP-501C18D	9(13)V99	16	205	219	15
2 FILLERXX	X(15)	17	220	234	15
2 NON-QUAL-PLAN-457	9(13)V99	18	235	249	15
2 HEALTH-SAVINGS-AMT	9(13)V99	19	250	264	15
2 NON-QUAL-PLAN-NOT-457	9(13)V99	20	265	279	15
2 NON-TAXABLE-COMBAT-PAY	9(13)V99	21	280	294	15
2 COST-OF-INS-AMT	9(13)V99	22	295	309	15
2 COST-OF-INS	9(13)V99	23	310	324	15
2 INCOME-TAX-THIRD-PARTY	9(13)V99	24	325	339	15
2 NONSTATU-STOCK-OPTION-T	9(13)V99	25	340	354	15
2 NON-QUAL-DEFERRED-COMP	9(13)V99	26	355	369	15
2 ROTH-CONTRIB-401K	9(13)V99	27	370	384	15
2 ROTH-403B-AMT	9(13)V99	28	385	399	15
2 FILLER-RT3A	X(112)	29	400	511	112
2 FILLER-RT4	X	30	512	512	1
2 FILLER-RT3-PRTW2	X(114)	31	513	626	114

i \*\*\* END OF LAYOUT REPORT \*\*\*

\* PH.PROD.DEV(XREFPRT) to print \*



# RW Employee Wage Record Layout

2	ROTH-CONTRIB-401K	9(9)V99	40	441	451	11
2	ROTH-403B-AMT	9(9)V99	41	452	462	11
2	COST-OF-INS-AMT	9(9)V99	42	463	473	11
2	FILLER-RW4A	X(12)	43	474	485	12
2	STATUTORY-EMPLOYEE-IND	X	44	486	486	1
2	FILLER-RW7	X	45	487	487	1
2	RETIRE-PLAN-IND	X	46	488	488	1
2	EE3RD-PARTY-SICK-PAY	X	47	489	489	1
2	FILLER-RW5	X(22)	48	490	511	22
2	FILLER-RW6	X	49	512	512	1
2	EMPLOYEE-ADDRESS-LOCAX	X(40)	50	513	552	40
2	EMPLOYEE-ADDRESS-DELVX	X(40)	51	553	592	40
2	BOX-14-CAFE-AMT	9(9)V99	52	593	603	11
2	BOX-14-RET-AMT	9(9)V99	53	604	614	11
2	NONTAX-SICKPAY-AMT	9(9)V99	54	615	625	11
2	CARRIAGE-CONTROL	X	55	626	626	1
2	MAILER-AGENCY-RW	X(4)	56	627	630	4

i \*\*\* END OF LAYOUT REPORT \*\*\*

\* PH.PROD.DEV(XREFPRT) to print \*

**Mississippi Department of Finance and Administration (DFA)  
Mississippi Management and Reporting System (MMRS)  
Printing and Mailing of Tax Forms for Tax Years 2018 – 2022  
RFQF #3140001473**

**1099-MISC Forms and Mapping  
Attachment I**

Included in this attachment are the forms and mappings needed to generate the 1099-MISC tax forms.

<b>Document</b>	<b>Description</b>
1099-MISC Form	A copy of a blank 1099-MISC form.
1099-MISC Form with Mapping	The 1099-MISC form with mapping of what information should be used in each field.
1099-MISC Form with Mailer Mapping	The 1099-MISC form with the mailing and return address mapping.
1099-MISC Record Layout	File layout for the record.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0115		<b>Miscellaneous Income</b>  <b>2017</b>  <b>Form 1099-MISC</b>		
		\$						
		2 Royalties						
		\$		3 Other income		4 Federal income tax withheld		
		\$				\$		
PAYER'S federal identification number	RECIPIENT'S identification number		5 Fishing boat proceeds		6 Medical and health care payments			
			\$		\$			
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code			7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest			
			\$		\$			
			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds			
			\$		\$			
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		
				\$		\$		
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.		
\$		\$		\$		\$		
						18 State income		
						\$		

Form **1099-MISC** (keep for your records) [www.irs.gov/form1099misc](http://www.irs.gov/form1099misc) Department of the Treasury - Internal Revenue Service

## Instructions for Recipient

**Recipient's taxpayer identification number.** For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**FATCA filing requirement.** If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

**Amounts shown may be subject to self-employment (SE) tax.** If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

**Form 1099-MISC incorrect?** If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

**Box 1.** Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

**Box 2.** Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

**Box 3.** Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

**Box 6.** For individuals, report on Schedule C (Form 1040).

**Box 7.** Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

**Box 9.** If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

**Box 10.** Report this amount on Schedule F (Form 1040).

**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

**Box 14.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 15a.** May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

**Box 15b.** Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

**Boxes 16-18.** Shows state or local income tax withheld from the payments. Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/form1099misc](http://www.irs.gov/form1099misc).

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents \$ 16N(303-312)		OMB No. 1545-0115  <b>2017</b> Form 1099-MISC	<b>Miscellaneous Income</b>
XYZ Builders 123 Maple Avenue Oaktown, VA 22000  703-123-4567		2 Royalties \$ 17N(313-322)			
PAYER'S federal identification number  10-9999999 7C(145-156)		3 Other income \$ 18N(323-332)		4 Federal income tax withheld \$ 19N(333-342)	<b>Copy B For Recipient</b>
RECIPIENT'S identification number  123-00-6789 8C(157-168)		5 Fishing boat proceeds \$ 20N(343-352)		6 Medical and health care payments \$ 21N(353-362)	
RECIPIENT'S name  Zachary Austin Dba/Rock Hill Dry Wall Street address (including apt. no.)  456 Flower Lane  City or town, state or province, country, and ZIP or foreign postal code  Oaktown, VA 22000		7 Nonemployee compensation \$ 22N(363-372)		8 Substitute payments in lieu of dividends or interest \$ 23N(373-382)	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions)  13C(289-300)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$ 24N(383-392)	
FATCA filing requirement <input type="checkbox"/>		11		12	
13 Excess golden parachute payments \$ 25N(393-402)		14 Gross proceeds paid to an attorney \$ 26N(403-412)			
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$ 27N(413-422)		17 State/Payer's state no.	18 State income \$ 28N(423-432)

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

## Instructions for Recipient

**Recipient's taxpayer identification number.** For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**FATCA filing requirement.** If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

**Amounts shown may be subject to self-employment (SE) tax.** If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

**Form 1099-MISC incorrect?** If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

**Box 1.** Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

**Box 2.** Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

**Box 3.** Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

**Box 6.** For individuals, report on Schedule C (Form 1040).

**Box 7.** Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

**Box 9.** If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

**Box 10.** Report this amount on Schedule F (Form 1040).

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Payer's name  
Address 1  
Address 2  
City, State Zip  
Phone

2C(05-34)  
3C(35-64)  
4C(65-94)  
5C(95-124)  
6C(125-144)

Recipient's name 1  
Recipient's name 2  
Street Address  
City, State Zip

9C(169-198)  
10C(199-228)  
11C(229-258)  
12C(259-288)

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents \$ 16N(303-312)		OMB No. 1545-0115	
XYZ Builders 123 Maple Avenue Oaktown, VA 22000		2 Royalties \$ 17N(313-322)		2017	
703-123-4567		3 Other income \$ 18N(323-332)		Form 1099-MISC	
PAYER'S federal identification number		5 Fishing boat proceeds \$ 20N(343-352)		4 Federal income tax withheld \$ 19N(333-342)	
RECIPIENT'S identification number		7 Nonemployee compensation \$ 22N(363-372)		6 Medical and health care payments \$ 21N(353-362)	
10-99999999 7C(145-156)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 11		8 Substitute payments in lieu of dividends or interest \$ 23N(373-382)	
RECIPIENT'S name Zachary Austin Dba/Rock Hill Dry Wall Street address (including apt. no.) 456 Flower Lane City or town, state or province, country, and ZIP or foreign postal code Oaktown, VA 22000		13 Excess golden parachute payments \$ 25N(393-402)		10 Crop insurance proceeds \$ 24N(383-392)	
Account number (see instructions) 13C(289-300)		16 State tax withheld \$ 27N(413-422)		12	
15a Section 409A deferrals \$		17 State/Payer's state no. \$		18 State income \$ 28N(423-432)	

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

Instructions for Recipient

**Recipient's taxpayer identification number.** For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**FATCA filing requirement.** If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

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**Box 2.** Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

**Box 3.** Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

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**Box 10.** Report this amount on Schedule F (Form 1040).

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**Box 15a.** May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

**Box 15b.** Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

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NAME: FM.PRD.OUTSRCE.FILE		S E Q U E N C E	MAJOR	
CODE:				
NUMBER:				
ORGANIZATION:	KEY LENGTH:			
RECORD LENGTH:440	BLOCK SIZE:		MINOR	

FIELD DATA						
Field No.	Field Name - Description	SIZE/USAGE		POSITION From Thru		Format/Constant Remarks
1	PAYMENT-YEAR	4	C	1	4	
2	PAYER-NAME	30	C	5	34	
3	PAYER-ADDRESS1	30	C	35	64	
4	PAYER-ADDRESS2	30	C	65	94	
5	PAYER-ADDRESS3	30	C	95	124	
6	PAYER-PHONE-NO	20	C	125	144	
7	PAYER-TAXID-NUMBER	12	C	145	156	
8	RECIPIENT-TAXID-NO	12	C	157	168	
9	RECIPIENT-NAME	30	C	169	198	
10	RECIPIENT-ADDRESS1	30	C	199	228	
11	RECIPIENT-ADDRESS2-NAME-2	30	C	229	258	
12	RECIPIENT-ADDRESS3	30	C	259	288	
13	ACCOUNT-NUMBER	12	C	289	300	
14	DIRECT-SALES-IND	1	C	301	301	
15	CODE-13	1	C	302	302	
16	PAYMENT-1-RENTS	10	N	303	312	S9(8)V99
17	PAYMENT-2-ROYALTIES	10	N	313	322	S9(8)V99

NAME: FM.PRD.OUTSRCE.FILE		S E Q U E N C E	MAJOR	
CODE:				
NUMBER:				
ORGANIZATION:	KEY LENGTH:			
RECORD LENGTH:440	BLOCK SIZE:		MINOR	

FIELD DATA						
Field No.	Field Name - Description	SIZE/USAGE		POSITION From Thru		Format/Constant Remarks
18	PAYMENT-3-PRIZE-AWARDS	10	N	323	332	S9(8)V99
19	PAYMENT-4-FEDERAL INC	10	N	333	342	S9(8)V99
20	PAYMENT-5-FISHING BOAT	10	N	343	352	S9(8)V99
21	PAYMENT-6-MEDICAL	10	N	353	362	S9(8)V99
22	PAYMENT-7-NON EMPLOYEE	10	N	363	372	S9(8)V99
23	PAYMENT-8-SUBSTITUTE	10	N	373	382	S9(8)V99
24	PAYMENT-10-CROP	10	N	383	392	S9(8)V99
25	PAYMENT-13-PARACHUTE	10	N	393	402	S9(8)V99
26	PAYMENT-14-GROSS-PROCEED	10	N	403	412	S9(8)V99
27	PAYMENT-16-STATE-TAX	10	N	413	422	S9(8)V99
28	PAYMENT-18-STATE-INCOME	10	N	423	432	S9(8)V99
29	FILLER	8	N	433	440	

**Mississippi Department of Finance and Administration (DFA)  
Mississippi Management and Reporting System (MMRS)  
Printing and Mailing of Tax Forms for Tax Years 2018 – 2022  
RFQF #3140001473**

**1095-B Forms and Mapping  
Attachment J**

Included in this attachment are the forms and mappings needed to generate the 1095-B tax forms.

<b>Document</b>	<b>Description</b>
1095-B Form	A copy of a blank 1095-B form.
1095-B Form with Mapping	The 1095-B form with mapping of what information should be used in each field.
1095-B Form with Mailer Mapping	The 1095-B form with the mailing and return address mapping.
1095-B Record Layout	File layout for the record.

Form **1095-B**Department of the Treasury  
Internal Revenue Service**Health Coverage**

► Do not attach to your tax return. Keep for your records.  
► Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

☐ VOID☐ CORRECTED

OMB No. 1545-2252

**2017****Part I Responsible Individual**

<b>1</b> Name of responsible individual		<b>2</b> Social security number (SSN) or other TIN	<b>3</b> Date of birth (if SSN or other TIN is not available)
<b>4</b> Street address (including apartment no.)	<b>5</b> City or town	<b>6</b> State or province	<b>7</b> Country and ZIP or foreign postal code
<b>8</b> Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ► <input type="checkbox"/>		<b>9</b> Reserved	

**Part II Information About Certain Employer-Sponsored Coverage** (see instructions)

<b>10</b> Employer name			<b>11</b> Employer identification number (EIN)
<b>12</b> Street address (including room or suite no.)	<b>13</b> City or town	<b>14</b> State or province	<b>15</b> Country and ZIP or foreign postal code

**Part III Issuer or Other Coverage Provider** (see instructions)

<b>16</b> Name		<b>17</b> Employer identification number (EIN)	<b>18</b> Contact telephone number
<b>19</b> Street address (including room or suite no.)	<b>20</b> City or town	<b>21</b> State or province	<b>22</b> Country and ZIP or foreign postal code

**Part IV Covered Individuals** (Enter the information for each covered individual.)

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>23</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>26</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>27</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>28</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as “minimum essential coverage”) for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see [www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision).



*Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.*

**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

**Part I. Responsible Individual, lines 1–9.** Part I reports information about you and the coverage.

**Lines 2 and 3.** Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable, to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.



*If you don't provide your SSN or other TIN and the SSNs or other TINs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.*

**Line 8.** This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A.** Small Business Health Options Program (SHOP)
- B.** Employer-sponsored coverage
- C.** Government-sponsored program
- D.** Individual market insurance
- E.** Multiemployer plan
- F.** Other designated minimum essential coverage



*If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will generally be reported on a Form 1095-A rather than a Form 1095-B. If you or another family member received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part III) rather than a Form 1095-B. For more information, see [www.irs.gov/Affordable-Care-Act/Questions-and-Answers-About-Health-Care-Information-Forms-for-Individuals](http://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-About-Health-Care-Information-Forms-for-Individuals).*

**Line 9.** Reserved.

**Part II. Information About Certain Employer-Sponsored Coverage, lines 10–15.** If you had employer-sponsored health coverage, this part may provide information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. This part also may be left blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your employer or other coverage provider.

**Part III. Issuer or Other Coverage Provider, lines 16–22.** This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). **Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.**

**Part IV. Covered Individuals, lines 23–28.** This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if the SSN or other TIN isn't entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, see Part IV, Continuation Sheet(s), for information about the additional covered individuals.

Name of responsible individual	Social security number (SSN) or other TIN	Date of birth (if SSN or other TIN is not available)
--------------------------------	---	--

**Part IV Covered Individuals — Continuation Sheet**

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>29</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>30</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>31</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>34</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>35</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>37</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>38</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>39</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>40</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form **1095-B**

Department of the Treasury  
Internal Revenue Service

## Health Coverage

▶ Do not attach to your tax return. Keep for your records. **7 CFF97H98 'F9fi'!** ☐ VOID  
▶ Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information. ☐ CORRECTED

OMB No. 1545-2252

**2017**

### Part I Responsible Individual

1 Name of responsible individual <b>FIRST RE(18-32) MID RE(33-47) LAST RE(48-67) SUFFIX RE(68-71)</b>		2 Social security number (SSN) or other TIN <b>EMP SSN RE(9-17)</b>	3 Date of birth (if SSN or other TIN is not available) <b>EMP DOB RE(72-81)</b>
4 Street address (including apartment no.) <b>ADD1 RE(82-121) ADD2 RE(122-161)</b>	5 City or town <b>CITY RE(162-186)</b>	6 State or province <b>STATE RE(187-188)</b>	7 Country and ZIP or foreign postal code <b>COUNTRY RE(189-190) ZIP RE(191-202)</b>
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): <b>ORIGIN RE(203-203)</b> <input type="checkbox"/>		9 Reserved	

### Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name <b>EMPL NAME RE(205-239)</b>		11 Employer identification number (EIN) <b>EMPL EIN RE(240-248)</b>	
12 Street address (including room or suite no.) <b>EMPL STR1 RE(249-288) EMPL STR2 RE(289-328)</b>	13 City or town <b>EMPL CITY RE(329-353)</b>	14 State or province <b>EMPL STATE RE(354-355)</b>	15 Country and ZIP or foreign postal code <b>EMPL COUNTRY RE(356-357) ZIP RE(358-369)</b>

### Part III Issuer or Other Coverage Provider (see instructions)

16 Name <b>AGCY NAME RE(374-413)</b>		17 Employer identification number (EIN) <b>AGCY EIN RE(414-422)</b>	18 Contact telephone number <b>AGCY PHONE RE(423-434)</b>
19 Street address (including room or suite no.) <b>AGCY STREET1 RE(435-474) AGCY STREET2 RE(475-514)</b>	20 City or town <b>AGCY CITY RE(515-539)</b>	21 State or province <b>AGCY STATE RE(540-541)</b>	22 Country and ZIP or foreign postal code <b>AGCY COUNTRY RE(542-543) ZIP RE(544-555)</b>

### Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1ST RD(21-35) MID RD(36-50) LAST RD(51-70) SFX RD(71-74) <b>23</b>	COV SSN RD(12-20)	DOB RD(75-84)	<input type="checkbox"/> <b>RD(85)</b>	<input type="checkbox"/> <b>RD(86)</b>	<input type="checkbox"/> <b>RD(87)</b>	<input type="checkbox"/> <b>RD(88)</b>	<input type="checkbox"/> <b>RD(89)</b>	<input type="checkbox"/> <b>RD(90)</b>	<input type="checkbox"/> <b>RD(91)</b>	<input type="checkbox"/> <b>RD(92)</b>	<input type="checkbox"/> <b>RD(93)</b>	<input type="checkbox"/> <b>RD(94)</b>	<input type="checkbox"/> <b>RD(95)</b>	<input type="checkbox"/> <b>RD(96)</b>	<input type="checkbox"/> <b>RD(97)</b>
<b>24</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>26</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>27</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>28</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as “minimum essential coverage”) for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see [www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision).



*Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.*

**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

**Part I. Responsible Individual, lines 1–9.** Part I reports information about you and the coverage.

**Lines 2 and 3.** Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable, to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.



*If you don't provide your SSN or other TIN and the SSNs or other TINs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.*

**Line 8.** This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

- A.** Small Business Health Options Program (SHOP)
- B.** Employer-sponsored coverage
- C.** Government-sponsored program
- D.** Individual market insurance
- E.** Multiemployer plan
- F.** Other designated minimum essential coverage



*If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will generally be reported on a Form 1095-A rather than a Form 1095-B. If you or another family member received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part III) rather than a Form 1095-B. For more information, see [www.irs.gov/Affordable-Care-Act/Questions-and-Answers-About-Health-Care-Information-Forms-for-Individuals](http://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-About-Health-Care-Information-Forms-for-Individuals).*

**Line 9.** Reserved.

**Part II. Information About Certain Employer-Sponsored Coverage, lines 10–15.** If you had employer-sponsored health coverage, this part may provide information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. This part also may be left blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your employer or other coverage provider.

**Part III. Issuer or Other Coverage Provider, lines 16–22.** This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). **Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.**

**Part IV. Covered Individuals, lines 23–28.** This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if the SSN or other TIN isn't entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, see Part IV, Continuation Sheet(s), for information about the additional covered individuals.

Name of responsible individual <b>FIRST RE(18-32) MID RE(33-47) LAST RE(48-67) SFX RE(68-71)</b>	Social security number (SSN) or other TIN <b>EMP SSN RE(9-17)</b>	Date of birth (if SSN or other TIN is not available) <b>EMP DOB RE(72-81)</b>
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**Part IV Covered Individuals — Continuation Sheet**

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>29</b> CONTINUE FROM LINE 28.....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>30</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>31</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>34</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>35</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>37</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>38</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>39</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>40</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*\*\*\*\* This section is used for the mailer tab that is shown on the outside of the envelope \*\*\*\*\*

AGCY NAME RE(374-413)  
AGCY STREET1 RE(435-474) AGCY STREET2 RE(475-514)  
AGCY CITY RE(515-539), AGCY STATE RE(540-541) ZIP RE(544-555)

FIRST RE(18-32) MID RE(33-47) LAST RE(48-67) SUFFIX RE(68-71)  
ADD1 RE(82-121) ADD2 RE(122-161)  
CITY RE(162-186), STATE RE(187-188) ZIP RE(191-202)

560116

Name of Issuer  
Street Address  
City, State Zip

Employee Name  
Street Address  
City, State Zip

OMB No. 1545-2252

2017

VOIDED RE(3-3) ☐ VOID

☐ CORRECTED RE(4-4) ☐ CORRECTED

► Do not attach to your tax return. Keep for your records. **CORRECTED RE(4-4)** ☐ Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

## Health Coverage

Part I Responsible Individual

1 Name of responsible individual FIRST RE(18-32) MID RE(33-47) LAST RE(48-67) SUFFIX RE(68-71)		2 Social security number (SSN) or other TIN EMP SSN RE(9-17)		3 Date of birth (if SSN or other TIN is not available) EMP DOB RE(72-81)	
4 Street address (including apartment no.) ADD1 RE(82-121) ADD2 RE(122-161)		5 City or town CITY RE(162-186)	6 State or province STATE RE(187-188)		
7 Country and ZIP or foreign postal code COUNTRY RE(189-190) ZIP RE(191-202)		9 <input type="checkbox"/> Reserved			

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name EMPL NAME RE(205-239)		11 Employer identification number (EIN) EMPL EIN RE(240-248)			
12 Street address (including room or suite no.) EMPL STR1 RE(249-288) EMPL STR2 RE(289-328)	13 City or town EMPL CITY RE(329-353)	14 State or province EMPL STATE RE(354-355)	15 Country and ZIP or foreign postal code EMPL COUNTRY RE(356-357) ZIP RE(358-369)	16 Name AGCY NAME RE(374-413)	
17 Employer identification number (EIN) AGCY EIN RE(414-422)		18 Contact telephone number AGCY PHONE RE(423-434)	19 Street address (including room or suite no.) AGCY STREET1 RE(435-474) AGCY STREET2 RE(475-514)		
20 City or town AGCY CITY RE(515-539)	21 State or province AGCY STATE RE(540-541)	22 Country and ZIP or foreign postal code AGCY COUNTRY RE(542-543) ZIP RE(544-555)	Part IV Covered Individuals (Enter the information for each covered individual.)		

(a) Name of covered individual(s)		(b) SSN or other TIN COV SSN RD(12-20)	DOB RD(75-84) <input type="checkbox"/>	RD(85) <input type="checkbox"/>	RD(86) <input type="checkbox"/>	RD(87) <input type="checkbox"/>	RD(88) <input type="checkbox"/>	RD(89) <input type="checkbox"/>	RD(90) <input type="checkbox"/>	RD(91) <input type="checkbox"/>	RD(92) <input type="checkbox"/>	RD(93) <input type="checkbox"/>	RD(94) <input type="checkbox"/>	RD(95) <input type="checkbox"/>	RD(96) <input type="checkbox"/>	RD(97) <input type="checkbox"/>	23
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
CONTINUE LINE 23 THRU LINE 28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28

Form 1095-B (2017)Cat. No. 60704BFor Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Name:	RE RECORD	RE RECORD FOR THE 1095B FORM
Size:	555	

Field DATA						
Field No	Field Name - Description	Size	Usage	From	Thru	Format/Constant/Remarks
1	#RECORD-TYPE	2	A	1	2	
2	#VOIDED	1	A	3	3	
3	#CORRECTED	1	A	4	4	
4	#CCYY	4	A	5	8	
5	#EMP-SSN	9	A	9	17	PART 1
6	#FIRST-NAME	15	A	18	32	
7	#MIDDLE-NAME	15	A	33	47	
8	#LAST-NAME	20	A	48	67	
9	#NAME-SUFFIX	4	A	68	71	
10	#EMP-DOB	10	A	72	81	
11	#ADDRESS1	40	A	82	121	
12	#ADDRESS2	40	A	122	161	
13	#CITY	25	A	162	186	
14	#STATE	2	A	187	188	
15	#COUNTRY	2	A	189	190	
16	#ZIP	12	A	191	202	
17	#ORIGIN-OF-POLICY	1	A	203	203	
18	#SHOP	1	A	204	204	
19	#EMPL-NAME	35	A	205	239	PART 2
20	#EMPL-EIN	9	A	240	248	
21	#EMPL-STREET1	40	A	249	288	

Name:	RE RECORD	RE RECORD FOR THE 1095B FORM
Size:	555	

Field DATA						
Field No	Field Name - Description	Size	Usage	From	Thru	Format/Constant/Remarks
22	#EMPL-STREET2	40	A	289	328	
23	#EMPL-CITY	25	A	329	353	
24	#EMPL-STATE	2	A	354	355	
25	#EMPL-COUNTRY	2	A	356	357	
26	#EMPL-ZIP	12	A	358	369	
27	#AGCY-NBR	4	A	370	373	PART 3
28	#AGCY-NAME	40	A	374	413	
29	#EIN	9	A	414	422	
30	#AGCY-PHONE	12	A	423	434	
31	#AGCY-STREET1	40	A	435	474	
32	#AGCY-STREET2	40	A	475	514	
33	#AGCY-CITY	25	A	515	539	
34	#AGCY-STATE	2	A	540	541	
35	#AGCY-COUNTRY	2	A	542	543	
36	#AGCY-ZIP	12	A	544	555	
37						
38						
39						
40						

Name:	RD RECORD	RD RECORD FOR THE 1095B FORM
Size:	97	

Field DATA						
Field No	Field Name - Description	Size	Usage	From	Thru	Format/Constant/Remarks
1	#RECORD-TYPE	2	A	1	2	PART 4
2	#EMP-SSN	9	A	3	11	
3	#COV-SSN	9	A	12	20	
4	#FIRST-NAME	15	A	21	35	
5	#MIDDLE-NAME	15	A	36	50	
6	#LAST-NAME	20	A	51	70	
7	#NAME-SUFFIX	4	A	71	74	
8	#DOB	10	A	75	84	
9	#COV-MONTHS-IND	1	A	85	85	
10	#COV-MONTH	12	A	86	97	A(1:12) JAN. THRU DEC.
11				98	97	
12				98	97	
13				98	97	
14				98	97	
15				98	97	
16				98	97	
17				98	97	
18				98	97	

**Mississippi Department of Finance and Administration (DFA)**  
**Mississippi Management and Reporting System (MMRS)**  
**Printing and Mailing of Tax Forms for Tax Years 2018 – 2022**  
**RFQF #3140001473**

**1095-C Forms and Mapping**  
**Attachment K**

Included in this attachment are the forms and mappings needed to generate the 1095-C tax forms.

<b>Document</b>	<b>Description</b>
1095-C Form	A copy of a blank 1095-C form.
1095-C Form with Mapping	The 1095-C form with mapping of what information should be used in each field.
1095-C Form with Mailer Mapping	The 1095-C form with the mailing and return address mapping.
1095-C Record Layout	File layout for the record.

# Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB No. 1545-2251

# 2017

Part I Employee						Applicable Large Employer Member (Employer)							
1 Name of employee			2 Social security number (SSN)			7 Name of employer				8 Employer identification number (EIN)			
3 Street address (including apartment no.)						9 Street address (including room or suite no.)				10 Contact telephone number			
4 City or town		5 State or province		6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Country and ZIP or foreign postal code			

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number):							
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)														
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)														

Part III Covered Individuals																
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN 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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provision in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III provides information to assist you in completing your income tax return by showing you or those family members had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, the issuer of the insurance or the sponsor of the plan providing the coverage will furnish you information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, the provider of that coverage will furnish you information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



*Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.*

**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

### Part I. Employee

**Lines 1–6.** Part I, lines 1–6, reports information about you, the employee.

**Line 2.** This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.



*If you do not provide your SSN and the SSNs of all covered individuals to the plan administrator, the IRS may not be able to match the Form 1095-C to determine that you and the other covered individuals have complied with the individual shared responsibility provision. For covered individuals other than the employee listed in*

*Part I, a Taxpayer Identification Number (TIN) may be provided instead of an SSN. See Part III.*

### Part I. Applicable Large Employer Member (Employer)

**Lines 7–13.** Part I, lines 7–13, reports information about your employer.

**Line 10.** This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

## Part II. Employer Offer of Coverage, Lines 14–16

**Line 14.** The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

**1A.** Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, see IRS.gov.

**1B.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

**1C.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

**1D.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

**1E.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

**1F.** Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

**1G.** You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

**1H.** No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

**1I.** Reserved.

**1J.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

**1K.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

**Line 15.** This line reports the employee required contribution, which is the monthly cost to you for the lowest-cost self-only minimum essential coverage providing minimum value that your employer offered you. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, or 1K is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report a "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, see IRS.gov.

**Line 16.** This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, see IRS.gov.

## Part III. Covered Individuals, Lines 17–22

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 6 covered individuals, see the additional covered individuals on Part III, Continuation Sheet(s).

Name of employee

Social security number (SSN)

**Part III Covered Individuals — Continuation Sheet**

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>23</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>26</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>27</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>28</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>29</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>30</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>31</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>32</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>33</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>34</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

## Employer-Provided Health Insurance Offer and Coverage

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▶ Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOIDED RE(3-3) ☐ VOID

RE(4-4) ☐ CORRECTED

OMB No. 1545-2251

**2017** CCYY RE(5-8)

Part I Employee				Applicable Large Employer Member (Employer)										
1 Name of employee <b>1ST RE(18-32) MID RE(33-47) LAST RE(48-67) SFX RE(68-71)</b>			2 Social security number (SSN) <b>EMP SSN RE(9-17)</b>		7 Name of employer <b>AGCY NAME RE(207-246)</b>					8 Employer identification number (EIN) <b>AGCY EIN RE(247-255)</b>				
3 Street address (including apartment no.) <b>ADDRESS1 RE(82-121) ADDRESS2 RE(122-161)</b>					9 Street address (including room or suite no.) <b>AGCY STREET1 RE(268-307) STREET2 RE(308-347)</b>					10 Contact telephone number <b>AGCY PHONE RE(256-267)</b>				
4 City or town <b>CITY RE(162-186)</b>		5 State or province <b>STATE RE(187-188)</b>		6 Country and ZIP or foreign postal code <b>CTRY RE(189-190) ZIP RE(191-202)</b>		11 City or town <b>AGCY CITY RE(348-372)</b>			12 State or province <b>AGCY STATE RE(373-374)</b>			13 Country and ZIP or foreign postal code <b>AGY CC RE(375-376) ZIP RE(377-388)</b>		

Part II Employee Offer of Coverage							Plan Start Month (Enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	<b>RE(391-392)</b>	<b>RE(393-394)</b>	<b>RE(395-396)</b>	<b>RE(397-398)</b>	<b>RE(399-400)</b>	<b>RE(401-402)</b>	<b>RE(403-404)</b>	<b>RE(405-406)</b>	<b>RE(407-408)</b>	<b>RE(409-410)</b>	<b>RE(411-412)</b>	<b>RE(413-414)</b>	<b>RE(415-416)</b>
15 Employee Required Contribution (see instructions)	<b>RE(417-422)</b> \$	<b>RE(423-428)</b> \$	<b>RE(429-434)</b> \$	<b>RE(435-440)</b> \$	<b>RE(441-446)</b> \$	<b>RE(447-452)</b> \$	<b>RE(453-458)</b> \$	<b>RE(459-464)</b> \$	<b>RE(465-470)</b> \$	<b>RE(471-476)</b> \$	<b>RE(477-482)</b> \$	<b>RE(483-488)</b> \$	<b>RE(489-494)</b> \$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	<b>RE(495-496)</b>	<b>RE(497-498)</b>	<b>RE(499-500)</b>	<b>RE(501-502)</b>	<b>RE(503-504)</b>	<b>RE(505-506)</b>	<b>RE(507-508)</b>	<b>RE(509-510)</b>	<b>RE(511-512)</b>	<b>RE(513-514)</b>	<b>RE(515-516)</b>	<b>RE(517-518)</b>	<b>RE(519-520)</b>

**Part III Covered Individuals**  
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐ SI COV RD(3-3)

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN 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 <b>1ST RD(22-36) MID RD(37-51) LAST RD(52-71) SFX RD(72-75)</b>	<b>COV SSN RD(13-21)</b>	<b>DOB RD(76-85)</b>	<input type="checkbox"/> <b>RD(86)</b>	<input type="checkbox"/> <b>RD(87)</b>	<input type="checkbox"/> <b>RD(88)</b>	<input type="checkbox"/> <b>RD(89)</b>	<input type="checkbox"/> <b>RD(90)</b>	<input type="checkbox"/> <b>RD(91)</b>	<input type="checkbox"/> <b>RD(92)</b>	<input type="checkbox"/> <b>RD(93)</b>	<input type="checkbox"/> <b>RD(94)</b>	<input type="checkbox"/> <b>RD(95)</b>	<input type="checkbox"/> <b>RD(96)</b>	<input type="checkbox"/> <b>RD(97)</b>	<input type="checkbox"/> <b>RD(98)</b>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 <b>(CONTINUE LINE 17 THRU LINE 22)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If your employer provided you or a family member health coverage through an insured health plan or in another manner, the issuer of the insurance or the sponsor of the plan providing the coverage will furnish you information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, the provider of that coverage will furnish you information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



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**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

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**Line 2.** This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.



*If you do not provide your SSN and the SSNs of all covered individuals to the plan administrator, the IRS may not be able to match the Form 1095-C to determine that you and the other covered individuals have complied with the individual shared responsibility provision. For covered individuals other than the employee listed in*

*Part I, a Taxpayer Identification Number (TIN) may be provided instead of an SSN. See Part III.*

### Part I. Applicable Large Employer Member (Employer)

**Lines 7–13.** Part I, lines 7–13, reports information about your employer.

**Line 10.** This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

### Part II. Employer Offer of Coverage, Lines 14–16

**Line 14.** The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

**1A.** Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, see IRS.gov.

**1B.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

**1C.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

**1D.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

**1E.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

**1F.** Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

**1G.** You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

**1H.** No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

**1I.** Reserved.

**1J.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

**1K.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

**Line 15.** This line reports the employee required contribution, which is the monthly cost to you for the lowest-cost self-only minimum essential coverage providing minimum value that your employer offered you. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, or 1K is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report a "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, see IRS.gov.

**Line 16.** This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, see IRS.gov.

### Part III. Covered Individuals, Lines 17–22

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 6 covered individuals, see the additional covered individuals on Part III, Continuation Sheet(s).

Name of employee

**1ST RE(18-32) MID RE(33-47) LAST RE(48-67) SFX RE(68-71)**

Social security number (SSN)

**EMP SSN RE(9-17)****Part III Covered Individuals — Continuation Sheet**

	(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	(CONTINUE FROM LINE 22)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOIDED RE(3-3) ☐ VOID

RE(4-4) ☐ CORRECTED

OMB No. 1545-2251

2017 CCYY RE(5-8)

Part I Employee						Applicable Large Employer Member (Employer)							
1 Name of employee 1ST RE(18-32) MID RE(33-47) LAST RE(48-67) SFX RE(68-71)				2 Social security number (SSN) EMP SSN RE(9-17)		7 Name of employer AGCY NAME RE(207-246)				8 Employer identification number (EIN) AGCY EIN RE(247-255)			
3 Street address (including apartment no.) ADDRESS1 RE(82-121) ADDRESS2 RE(122-161)						9 Street address (including room or suite no.) AGCY STREET1 RE(268-307) STREET2 RE(308-347)				10 Contact telephone number AGCY PHONE RE(256-267)			
4 City or town CITY RE(162-186)		5 State or province STATE RE(187-188)		6 Country and ZIP or foreign postal code CTRY RE(189-190) ZIP RE(191-202)		11 City or town AGCY CITY RE(348-372)		12 State or province AGCY STATE RE(373-374)		13 Country and ZIP or foreign postal code AGY CC RE(375-376) ZIP RE(377-388)			

Part II Employee Offer of Coverage	Plan Start Month (Enter 2-digit number):												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	14 Offer of Coverage (enter required code) RE(391-392)	RE(393-394)	RE(395-396)	RE(397-398)	RE(399-400)	RE(401-402)	RE(403-404)	RE(405-406)	RE(407-408)	RE(409-410)	RE(411-412)	RE(413-414)	RE(415-416)
	15 Employee Required Contribution (see instructions) \$	RE(417-422)	RE(423-428)	RE(429-434)	RE(435-440)	RE(441-446)	RE(447-452)	RE(453-458)	RE(459-464)	RE(465-470)	RE(471-476)	RE(477-482)	RE(483-488)
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) RE(495-496)	RE(497-498)	RE(499-500)	RE(501-502)	RE(503-504)	RE(505-506)	RE(507-508)	RE(509-510)	RE(511-512)	RE(513-514)	RE(515-516)	RE(517-518)	RE(519-520)	

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐ SI COV RD(3-3)

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1ST RD(22-36) MID RD(37-51) LAST RD(52-71) SFX RD(72-75) 17	COV SSN RD(13-21)	DOB RD(76-85)	<input type="checkbox"/> RD(86)	<input type="checkbox"/> RD(87)	<input type="checkbox"/> RD(88)	<input type="checkbox"/> RD(89)	<input type="checkbox"/> RD(90)	<input type="checkbox"/> RD(91)	<input type="checkbox"/> RD(92)	<input type="checkbox"/> RD(93)	<input type="checkbox"/> RD(94)	<input type="checkbox"/> RD(95)	<input type="checkbox"/> RD(96)	<input type="checkbox"/> RD(97)	<input type="checkbox"/> RD(98)
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 (CONTINUE LINE 17 THRU LINE 22)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee name  
Street Address  
City, State Zip

1ST RE(18-32) MID RE(33-47) LAST RE(48-67) SFX RE(68-71)  
ADDRESS1 RE(82-121) ADDRESS2 RE(122-161)  
CITY RE(162-186), STATE RE(187-188) ZIP RE(191-202)

Name of Employer  
Street Address  
City, State Zip

AGCY NAME RE(207-246)  
AGCY STREET1 RE(268-307) STREET2 RE(308-347)  
AGCY CITY RE(348-372), AGCY STATE RE(373-374) ZIP RE(377-388)

( perforation )

\*\*\*\*\* This section is used for the mailer tab that is shown on the outside of the envelope \*\*\*\*\*

Name:	RE RECORD	RE RECORD FOR THE 1095C FORM
Size:	520	

Field DATA						
Field No	Field Name - Description	Size	Usage	From	Thru	Format/Constant/Remarks
1	#RECORD-TYPE	2	A	1	2	
2	#VOIDED	1	A	3	3	
3	#CORRECTED	1	A	4	4	
4	#CCYY	4	A	5	8	
5	#EMP-SSN	9	A	9	17	PART 1
6	#FIRST-NAME	15	A	18	32	
7	#MIDDLE-NAME	15	A	33	47	
8	#LAST-NAME	20	A	48	67	
9	#NAME-SUFFIX	4	A	68	71	
10	#EMP-DOB	10	A	72	81	
11	#ADDRESS1	40	A	82	121	
12	#ADDRESS2	40	A	122	161	
13	#CITY	25	A	162	186	
14	#STATE	2	A	187	188	
15	#COUNTRY	2	A	189	190	
16	#ZIP	12	A	191	202	
17	#AGCY-NBR	4	A	203	206	
18	#AGCY-NAME	40	A	207	246	
19	#EIN	9	A	247	255	
20	#AGCY-PHONE	12	A	256	267	
21	#AGCY-STREET1	40	A	268	307	

Name:	RE RECORD	RE RECORD FOR THE 1095C FORM
Size:	520	

Field DATA						
Field No	Field Name - Description	Size	Usage	From	Thru	Format/Constant/Remarks
22	#AGCY-STREET2	40	A	308	347	
23	#AGCY-CITY	25	A	348	372	
24	#AGCY-STATE	2	A	373	374	
25	#AGCY-COUNTRY	2	A	375	376	
26	#AGCY-ZIP	12	A	377	388	
27	#PLAN-START-MONTH	2	A	389	390	PART 2
28	#COV-12-MONTHS	2	A	391	392	
29	#COV-MONTH	24	A	393	416	A2(1:12) JAN. THRU DEC
30	#EMP-SHARE-12MONTHS	6	A	417	422	
31	#EMP-SHARE	72	A	423	494	A6(1:12) JAN. THRU DEC
32	#SAFE-HARBOR-12MONTHS	2	A	495	496	
33	#SAFE-HARBOR	24	A	497	520	A2(1:12) JAN. THRU DEC



Name:	RD RECORD	RD RECORD FOR THE 1095C FORM
Size:	98	

Field DATA						
Field No	Field Name - Description	Size	Usage	From	Thru	Format/Constant/Remarks
1	#RECORD-TYPE	2	A	1	2	
2	#SELF-INSURED-COV	1	A	3	3	PART 3
3	#EMP-SSN	9	A	4	12	
4	#COV-SSN	9	A	13	21	
5	#FIRST-NAME	15	A	22	36	
6	#MIDDLE-NAME	15	A	37	51	
7	#LAST-NAME	20	A	52	71	
8	#NAME-SUFFIX	4	A	72	75	
9	#DOB	10	A	76	85	
10	#COV-MONTHS-IND	1	A	86	86	
11	#COV-MONTH	12	A	87	98	A1(1:12) JAN. THRU DEC
12				99	98	

**Mississippi Department of Finance and Administration (DFA)  
Mississippi Management and Reporting System (MMRS)  
Printing and Mailing of Tax Forms for Tax Years 2018 – 2022  
RFQF #3140001473**

**1094-B Forms and Mapping  
Attachment L**

Included in this attachment are the forms and mappings needed to generate the 1094-B tax forms.

<b>Document</b>	<b>Description</b>
1094-B Mapping	The 1094-B form with mapping of what information should be used in each field.
1094-B File Layout	File layout for the form.

Form **1094-B**

Department of the Treasury  
Internal Revenue Service

**Transmittal of Health Coverage Information Returns**

OMB No. 1545-2252

**2017**

► Go to *www.irs.gov/Form1094B* for instructions and the latest information.

1 Filer's name <b>AGENCY_NAME</b>		2 Employer identification number (EIN) <b>AGENCY_EIN</b>
3 Name of person to contact <b>AGENCY_CONTACT_NAME</b>		4 Contact telephone number <b>AGENCY_CONTACT_PHONE</b>
5 Street address (including room or suite no.) <b>AGENCY_STREET_ADDRESS</b>	6 City or town <b>AGENCY_CITY</b>	
7 State or province <b>AGENCY_STATE</b>	8 Country and ZIP or foreign postal code <b>AGENCY_ZIP</b>	
9 Total number of Forms 1095-B submitted with this transmittal . . . . . ►		<b>AGENCY_COUNT</b>

**For Official Use Only**

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
----------------------	------------------	-----------------

## 1094-B File Layout

File will be a piped delimited text file.

1. AGENCY\_NAME
2. AGENCY\_EIN
3. AGENCY\_CONTACT\_NAME
4. AGENCY\_CONTACT\_PHONE
5. AGENCY\_STREET\_ADDRESS
6. AGENCY\_CITY
7. AGENCY\_STATE
8. AGENCY\_ZIP
9. AGENCY\_COUNT

**Mississippi Department of Finance and Administration (DFA)  
Mississippi Management and Reporting System (MMRS)  
Printing and Mailing of Tax Forms for Tax Years 2018 – 2022  
RFQF #3140001473**

**1094-C Forms and Mapping  
Attachment M**

Included in this attachment are the forms and mappings needed to generate the 1094-C tax forms.

<b>Document</b>	<b>Description</b>
1094-C Mapping	The 1094-C form with mapping on what information should be used in each field.
1094-C File Layout	File layout for the form.

Form **1094-C**Department of the Treasury  
Internal Revenue Service**Transmittal of Employer-Provided Health Insurance Offer and  
Coverage Information Returns**► Go to [www.irs.gov/Form1094C](http://www.irs.gov/Form1094C) for instructions and the latest information.☐ CORRECTED

OMB No. 1545-2251

**2017****Part I Applicable Large Employer Member (ALE Member)**

1 Name of ALE Member (Employer) <b>AGENCY_NAME</b>		2 Employer identification number (EIN) <b>AGENCY_EIN</b>
3 Street address (including room or suite no.) <b>AGENCY_ADDRESS</b>		
4 City or town <b>AGENCY_CITY</b>	5 State or province <b>AGENCY_STATE</b>	6 Country and ZIP or foreign postal code <b>AGENCY_ZIP</b>
7 Name of person to contact <b>AGENCY_CONTACT_NAME</b>		8 Contact telephone number <b>AGENCY_CONTACT_PHONE</b>
9 Name of Designated Government Entity (only if applicable) <b>DFA_NAME</b>		10 Employer identification number (EIN) <b>DFA_EIN</b>
11 Street address (including room or suite no.) <b>DFA_ADDRESS</b>		
12 City or town <b>DFA_CITY</b>	13 State or province <b>DFA_STATE</b>	14 Country and ZIP or foreign postal code <b>DFA_ZIP</b>
15 Name of person to contact <b>DFA_CONTACT_NAME</b>		16 Contact telephone number <b>DFA_CONTACT_PHONE</b>

**For Official Use Only**17 Reserved . . . . . ☐18 Total number of Forms 1095-C submitted with this transmittal . . . . . ► **LINE\_18**19 Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions . . . . . **LINE\_19** ☐**Part II ALE Member Information**20 Total number of Forms 1095-C filed by and/or on behalf of ALE Member . . . . . ► **LINE\_20**21 Is ALE Member a member of an Aggregated ALE Group? . . . . . ☐ Yes ☐ No

If "No," do not complete Part IV.

**LINE\_21****22 Certifications of Eligibility (select all that apply):**
☐ **LINE\_22A** A. Qualifying Offer Method
 ☐ **LINE\_22B** B. Reserved
 ☐ **LINE\_22C** C. Reserved
 ☐ **LINE\_22D** 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 \_\_\_\_\_

**Part III ALE Member Information—Monthly**

		(a) Minimum Essential Coverage Offer Indicator		(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Employee Count for ALE Member	(d) Aggregated Group Indicator	(e) Reserved
		Yes	No				
<b>23</b>	All 12 Months	ALLMTHS_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	ALLMTHS_FULL_TIME_EMP_COUNT	ALLMTHS_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>24</b>	Jan	JAN_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	JAN_FULL_TIME_EMP_COUNT	JAN_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>25</b>	Feb	FEB_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	FEB_FULL_TIME_EMP_COUNT	FEB_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>26</b>	Mar	MAR_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	MAR_FULL_TIME_EMP_COUNT	MAR_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>27</b>	Apr	APR_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	APR_FULL_TIME_EMP_COUNT	APR_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>28</b>	May	MAY_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	MAY_FULL_TIME_EMP_COUNT	MAY_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>29</b>	June	JUN_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	JUN_FULL_TIME_EMP_COUNT	JUN_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>30</b>	July	JUL_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	JUL_FULL_TIME_EMP_COUNT	JUL_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>31</b>	Aug	AUG_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	AUG_FULL_TIME_EMP_COUNT	AUG_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>32</b>	Sept	SEP_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	SEP_FULL_TIME_EMP_COUNT	SEP_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>33</b>	Oct	OCT_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	OCT_FULL_TIME_EMP_COUNT	OCT_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>34</b>	Nov	NOV_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	NOV_FULL_TIME_EMP_COUNT	NOV_TOTAL_EMP_COUNT	<input type="checkbox"/>	
<b>35</b>	Dec	DEC_MIN_COV_IND <input type="checkbox"/>	<input type="checkbox"/>	DEC_FULL_TIME_EMP_COUNT	DEC_TOTAL_EMP_COUNT	<input type="checkbox"/>	

**Part IV** Other ALE Members of Aggregated ALE Group

Enter the names and EINs of Other ALE Members of the Aggregated ALE Group (who were members at any time during the calendar year).

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	



## 1094-C File Layout

File will be a piped delimited text file.

1. AGENCY\_NAME
2. AGENCY\_EIN
3. AGENCY\_ADDRESS
4. AGENCY\_CITY
5. AGENCY\_STATE
6. AGENCY\_ZIP
7. AGENCY\_CONTACT\_NAME
8. AGENCY\_CONTACT\_PHONE
9. DFA\_NAME
10. DFA\_EIN
11. DFA\_ADDRESS
12. DFA\_CITY
13. DFA\_STATE
14. DFA\_ZIP
15. DFA\_CONTACT\_NAME
16. DFA\_CONTACT\_PHONE
17. LINE\_18
18. LINE\_19
19. LINE\_20
20. LINE\_21
21. LINE\_22A
22. LINE\_22B
23. LINE\_22C
24. LINE\_22D
25. ALLMTHS\_LINE\_NUMBER \*
26. ALLMTHS\_MIN\_COV\_IND
27. ALLMTHS\_FULL\_TIME\_EMP\_COUNT
28. ALLMTHS\_TOTAL\_EMP\_COUNT
29. JAN\_LINE\_NUMBER \*
30. JAN\_MIN\_COV\_IND
31. JAN\_FULL\_TIME\_EMP\_COUNT
32. JAN\_TOTAL\_EMP\_COUNT
33. FEB\_LINE\_NUMBER \*
34. FEB\_MIN\_COV\_IND
35. FEB\_FULL\_TIME\_EMP\_COUNT
36. FEB\_TOTAL\_EMP\_COUNT
37. MAR\_LINE\_NUMBER \*
38. MAR\_MIN\_COV\_IND
39. MAR\_FULL\_TIME\_EMP\_COUNT
40. MAR\_TOTAL\_EMP\_COUNT
41. APR\_LINE\_NUMBER \*
42. APR\_MIN\_COV\_IND
43. APR\_FULL\_TIME\_EMP\_COUNT
44. APR\_TOTAL\_EMP\_COUNT
45. MAY\_LINE\_NUMBER \*
46. MAY\_MIN\_COV\_IND

- 47. MAY\_FULL\_TIME\_EMP\_COUNT
- 48. MAY\_TOTAL\_EMP\_COUNT
- 49. JUN\_LINE\_NUMBER \*
- 50. JUN\_MIN\_COV\_IND
- 51. JUN\_FULL\_TIME\_EMP\_COUNT
- 52. JUN\_TOTAL\_EMP\_COUNT
- 53. JUL\_LINE\_NUMBER \*
- 54. JUL\_MIN\_COV\_IND
- 55. JUL\_FULL\_TIME\_EMP\_COUNT
- 56. JUL\_TOTAL\_EMP\_COUNT
- 57. AUG\_LINE\_NUMBER \*
- 58. AUG\_MIN\_COV\_IND
- 59. AUG\_FULL\_TIME\_EMP\_COUNT
- 60. AUG\_TOTAL\_EMP\_COUNT
- 61. SEP\_LINE\_NUMBER \*
- 62. SEP\_MIN\_COV\_IND
- 63. SEP\_FULL\_TIME\_EMP\_COUNT
- 64. SEP\_TOTAL\_EMP\_COUNT
- 65. OCT\_LINE\_NUMBER \*
- 66. OCT\_MIN\_COV\_IND
- 67. OCT\_FULL\_TIME\_EMP\_COUNT
- 68. OCT\_TOTAL\_EMP\_COUNT
- 69. NOV\_LINE\_NUMBER \*
- 70. NOV\_MIN\_COV\_IND
- 71. NOV\_FULL\_TIME\_EMP\_COUNT
- 72. NOV\_TOTAL\_EMP\_COUNT
- 73. DEC\_LINE\_NUMBER \*
- 74. DEC\_MIN\_COV\_IND
- 75. DEC\_FULL\_TIME\_EMP\_COUNT
- 76. DEC\_TOTAL\_EMP\_COUNT

\* This field is not used on the form. It can be removed if needed.

**(UTILIZE FOR INDEPENDENT CONTRACTOR PERSONAL SERVICES  
CONTRACTS GREATER THAN \$75,000.00)**

**PERSONAL SERVICE CONTRACT**

This Personal Service Contract is made by and between the Department of Finance and Administration, a state agency, (the "DFA") whose address is 501 North West Street, Suite 1301 Woolfolk Building, Jackson, Mississippi 39201 and \_\_\_\_\_, (the "Contractor") whose address is \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, under the following terms and conditions:

1. **Scope of Services:** *(Insert the scope of services to be performed by Contractor)*  
The Contractor will provide services as specified in the *(Request for Proposal, Invitation for Bid, etc...)* (hereinafter referred to and attached as Exhibit "A"), and the *(Proposal Bid, etc...)* by the Contractor dated *(insert date)* (hereinafter referred to and attached as Exhibit "B").
2. **Contract Term:** *(May be entered into for a period of time, not to exceed four (4) years, with an option to renew for one (1) year.)*
3. **Consideration:** *(Insert payment amount, schedule of payments, etc...)*
4. **E-Payment:** The Contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. The DFA agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," which generally provides for payment of undisputed amounts by the agency within forty-five (45) days of receipt of the invoice. Miss. Code Ann. § 31-7-301, *et seq.*, as amended.
5. **Paymode:** Payments by state agencies using the State's accounting system shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of the Contractor's choice. The State, may at its sole discretion, require the Contractor to electronically submit invoices and supporting documentation at any time during the term of this Agreement. The Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.
6. **Availability of Funds:** It is expressly understood and agreed that the obligation of the DFA to proceed under this Agreement is conditioned upon the appropriation of funds by the Mississippi State Legislature and the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the Agreement are, at any time, not forthcoming or insufficient, either through the failure of the federal government to provide funds or of the State of Mississippi to

appropriate funds or the discontinuance or material alteration of the program under which funds were provided or if funds are not otherwise available to the DFA, the DFA shall have the right upon ten (10) working days written notice to the Contractor, to terminate this Agreement without damage, penalty, cost or expenses to the DFA of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

7. **Record Retention and Access to Records:** Provided the Contractor is given reasonable advance written notice and such inspection is made during normal business hours of the Contractor, the DFA or any duly authorized representatives shall have unimpeded, prompt access to any of the Contractor's books, documents, papers, and/or records which are maintained or produced as a result of the project for the purpose of making audits, examinations, excerpts, and transcriptions. All records related to this Agreement shall be retained by the Contractor for a period of three (3) years after final payment is made under this Agreement and all pending matters are closed; however, if any audit, litigation or other action arising out of or related in any way to this project is commenced before the end of the three (3) year period, the records shall be retained for one (1) year after all issues arising out of the action are finally resolved or until the end of the three (3) year period, whichever is later.
8. **Applicable Law:** The Contract shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws, provisions, and any litigation with respect thereto shall be brought in the courts of said State. The Contractor shall comply with applicable federal, state, and local laws and regulations.
9. **Anti-Assignment/Subcontracting:** The Contractor acknowledges that it was selected by the State to perform the services required hereunder based, in part, upon the Contractor's special skills and expertise. The Contractor shall not assign, subcontract or otherwise transfer this Agreement, in whole or in part, without the prior written consent of the DFA, which the DFA may, in its sole discretion, approve or deny without reason. Any attempted assignment or transfer of its obligations, without said consent, shall be null and void. No such approval by the DFA of any subcontract shall be deemed in any way to provide for the incurrence of any obligation of the DFA in addition to the total fixed price agreed upon in this Agreement. Subcontracts shall be subject to the terms and conditions of this Agreement and to any conditions of approval that the State may deem necessary. Subject to the foregoing, this Agreement shall be binding upon the respective successors and assigns of the parties.
10. **Compliance with Laws:** The Contractor understands that the DFA is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, genetic information, or any other consideration made unlawful by federal, state, or local laws. All such discrimination is unlawful and

the Contractor agrees during the term of the Agreement that the Contractor will strictly adhere to this policy in its employment practices and provision of services. The Contractor shall comply with, and all activities under this Agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, as now existing and as may be amended or modified.

11. **Transparency:** This Contract, including any accompanying exhibits, attachments, and appendices, is subject to the “Mississippi Public Records Act of 1983,” and its exceptions. See Miss. Code Ann. §§ 25-61-1 *et seq.* and Miss. Code Ann. § 79-23-1. In addition, this Contract is subject to provisions of the Mississippi Accountability and Transparency Act of 2008. Miss. Code Ann. §§ 27-104-151 *et seq.* Unless exempted from disclosure due to a court-issued protective order, a copy of this executed Contract is required to be posted to the Department of Finance and Administration’s independent agency contract website for public access at <http://www.transparency.mississippi.gov>. Information identified by the Contractor as trade secrets, or other proprietary information, including confidential vendor information or any other information which is required confidential by state or federal law or outside the applicable freedom of information statutes, will be redacted.
12. **E-Verification:** If applicable, the Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act of 2008, and will register and participate in the status verification system for all newly hired employees. Miss. Code Ann. § 71-11-1, *et seq.* The term “employee” as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, “status verification system” means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. The Contractor agrees to maintain records of such compliance. Upon request of the State and approval of the Social Security Administration or Department of Homeland Security when required, the Contractor agrees to provide a copy of each such verification. The Contractor further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of all immigration laws. The breach of this Agreement may subject the Contractor to the following:
  - (1) termination of this Contract for services and ineligibility for any state or public contract in Mississippi for up to three (3) years, with notice of such cancellation/termination being made public;
  - (2) the loss of any license, permit, certification or other document granted to the Contractor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year; or,

(3) both. In the event of such cancellation/termination, the Contractor would also be liable for any additional costs incurred by the State due to the Contract cancellation or loss of license or permit to do business in the State.

13. **Independent Contractor Status:** Contractor shall, at all times, be regarded as and shall be legally considered an independent contractor and shall at no time act as an agent for the State. Nothing contained herein shall be deemed or construed by the State, Contractor, or any third party as creating the relationship of principal and agent, master and servant, partners, joint ventures, employer and employee, or any similar such relationship between the State and Contractor. Neither the method of computation of fees or other charges, nor any other provision contained herein, nor any acts of the State or Contractor hereunder creates, or shall be deemed to create a relationship other than the independent relationship of the State and Contractor. Contractor's personnel shall not be deemed in any way, directly or indirectly, expressly or by implication, to be employees of the State. No act performed or representation made, whether oral or written, by the Contractor with respect to third parties shall be binding on the DFA. Neither Contractor nor its employees shall, under any circumstances, be considered servants, agents, or employees of the DFA, and the DFA shall be at no time legally responsible for any negligence or other wrongdoing by Contractor, its servants, agents, or employees. The DFA shall not withhold from the contract payments to Contractor any federal or state unemployment taxes, federal or state income taxes, Social Security tax, or any other amounts for benefits to Contractor. Further, the DFA shall not provide to Contractor any insurance coverage or other benefits, including Worker's Compensation, normally provided by the State for its employees.
14. **Modification or Renegotiation:** This agreement may be modified only by written agreement signed by the parties hereto. The parties agree to renegotiate the Agreement if federal and/or the State revisions of any applicable laws or regulations make changes in this Agreement necessary.
15. **Procurement Regulations:** The Contract shall be governed by the applicable provisions of the *Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations*, a copy of which is available at 501 North West Street, Suit 701E, Jackson, Mississippi 39201, for inspection or downloadable at <http://www.DFA.ms.gov>.
16. **Representation Regarding Contingent Fees:** The Contractor represents that it has not retained a person to solicit or secure a DFA contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Contractor's bid, proposal or qualifications.
17. **Representation Regarding Gratuities:** The Bidder, Offeror, or the Contractor represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of

18. **Termination for Convenience:**

- (1) **Termination.** The DFA may, when the interests of the DFA so require, terminate this Contract in whole or in part, for the convenience of the DFA. The DFA shall give written notification of the termination to the Contractor specifying the part of the Contract terminated and when the termination becomes effective.
- (2) **Contractor's Obligations.** The Contractor shall incur no further obligations in connection with the terminated work and on the date set in the notice of termination the Contractor will stop work to the extent specified. The Contractor shall also terminate outstanding orders and subcontracts as they relate to the terminated work. The Contractor shall settle the liabilities and claims arising out of the termination of subcontracts and orders connected with the terminated work. The DFA may direct the Contractor to assign the Contractor's right, title, and interest under terminated orders or subcontracts to the DFA. The Contractor must still complete the work not terminated by the notice of termination and may incur obligations as are necessary to do so.

19. **Termination for Default:**

- (1) **Default.** If the Contractor refuses or fails to perform any of the provisions of this Contract with such diligence as will ensure its completion within the time specified in this contract, or any extension thereof, or otherwise fails to timely satisfy the Contract provisions, or commits any other substantial breach of this Contract, the DFA may notify the Contractor in writing of the delay or nonperformance and if not cured in ten (10) days or any longer time specified in writing by the DFA, the DFA may terminate the Contractor's right to proceed with the Contract or such part of the Contract as to which there has been delay or failure to properly perform. In the event of termination in whole or in part, the DFA may procure similar supplies or services in a manner and upon terms deemed appropriate by the DFA. The Contractor shall continue performance of the Contract to the extent it is not terminated and shall be liable for excess costs incurred in procuring similar goods or services.
- (2) **Contractor's Duties.** Notwithstanding termination of the Contract and subject to any directions from the Chief Procurement Officer, the Contractor shall take timely, reasonable, and necessary action to protect and preserve property in the possession of the Contractor in which the DFA has an interest.

- (3) *Compensation.* Payment for completed services delivered and accepted by the DFA shall be at the contract price. The DFA may withhold from amounts due the Contractor such sums as the DFA deems to be necessary to protect the DFA against loss because of outstanding liens or claims of former lien holders and to reimburse the DFA for the excess costs incurred in procuring similar goods and services.
- (4) *Excuse for Nonperformance or Delayed Performance.* Except with respect to defaults of subcontractors, the Contractor shall not be in default by reason of any failure in performance of this Contract in accordance with its terms (including any failure by the Contractor to make progress in the prosecution of the work hereunder which endangers such performance) if the Contractor has notified the DFA within fifteen (15) days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of the public enemy; acts of the State and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather. If the failure to perform is caused by the failure of a subcontractor to perform or make progress, and if such failure arises out of causes similar to those set forth above, the Contractor shall not be deemed to be in default, unless the services to be furnished by the subcontractor were reasonably obtainable from other sources in sufficient time to permit the Contractor to meet the Contract requirements. Upon request of the Contractor, the DFA shall ascertain the facts and extent of such failure, and, if DFA determines that any failure to perform was occasioned by any one or more of the excusable causes, and that, but for the excusable cause, the Contractor's progress and performance would have met the terms of the Contract, the delivery schedule shall be revised accordingly, subject to the rights of the DFA under the clause entitled ( in fixed-price contracts, "Termination for Convenience," in cost-reimbursement contracts, "Termination"). (As used in this Paragraph of this clause, the term "subcontractor" means subcontractor at any tier).
- (5) *Erroneous Termination for Default.* If, after notice of termination of the Contractor's right to proceed under the provisions of this clause, it is determined for any reason that the Contract was not in default under the provisions of this clause, or that the delay was excusable under the provisions of Paragraph (4) (Excuse for Nonperformance or Delayed Performance) of this clause, the rights and obligations of the parties shall, if the Contract contains a clause providing for termination for convenience of the DFA, be the same as if the notice of termination had been issued pursuant to such clause.
- (6) *Additional Rights and Remedies.* The rights and remedies provided in this clause are in addition to any other rights and remedies provided by law or under this contract.



20. **Stop Work Order:**

- (1) *Order to stop work.* The Chief Procurement Officer, may by written order to the Contractor at any time, and without notice to any surety, require the Contractor to stop all or any part of the work called for by this Contract. This order shall be for a specified period not exceeding ninety (90) days after the order is delivered to the Contractor, unless the parties agree to any further period. Any such order shall be identified specifically as a stop work order issued pursuant to this clause. Upon receipt of such an order, the Contractor shall forthwith comply with its terms and take all reasonable steps to minimize the occurrence of costs allocable to work covered by the order during the period of work stoppage. Before the stop work order expires, or within any further period to which the parties shall have agreed, the Chief Procurement Officer shall either:
  - (a) cancel the stop work order; or,
  - (b) terminate the work covered by such order as provided in the "Termination for Default" clause or the "Termination for Convenience" clause of this Contract.
- (2) *Cancellation or Expiration of the Order.* If a stop work order issued under this clause is cancelled at any time during the period specified in the order, or if the period of the order or any extension thereof expires, the Contractor shall have the right to resume work. An appropriate adjustment shall be made in the delivery schedule or the Contractor price, or both, and the Contract shall be modified in writing accordingly, if:
  - (a) the stop work order results in an increase in the time required for, or in the Contractor's cost properly allocable to, the performance of any part of this Contract; and,
  - (b) the Contractor asserts a claim for such an adjustment within thirty (30) days after the end of the period of work stoppage; provided that, if the Chief Procurement Officer decides that the facts justify such action, any such claim asserted may be received and acted upon at any time prior to final payment under this Contract.
- (3) *Termination of Stopped Work.* If a stop work order is not cancelled and the work covered by such order is terminated for default or convenience, the reasonable costs resulting from the stop work order shall be allowed by adjustment or otherwise.

- (4) *Adjustments of Price.* Any adjustment in contract price made pursuant to this clause shall be determined in accordance with the "Price Adjustment" clause of this Contract.

21. **Price Adjustment:**

- (1) *Price Adjustment Methods.* Any adjustment in contract price, pursuant to a clause in this Contract, shall be made in one or more of the following ways:
- (a) by agreement on a fixed price adjustment before commencement of the additional performance;
  - (b) by unit prices specified in the contract;
  - (c) by the costs attributable to the event or situation covered by the clause, plus appropriate profit or fee, all as specified in the Contract; or,
  - (d) by the price escalation clause.
- (2) *Submission of Cost or Pricing Data.* The Contractor shall provide cost or pricing data for any price adjustments subject to the provisions of Section 3-403 (Cost or Pricing Data) of the *Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations*.

22. **Oral Statements:** No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in this Contract. All modifications to the Contract must be made in writing by the DFA and agreed to by the Contractor.

23. **Ownership of Documents and Work Papers:** The DFA shall own all documents, files, reports, work papers and working documentation, electronic or otherwise, created in connection with the Project, which is the subject of this Agreement, except for the Contractor's internal administrative and quality assurance files and internal project correspondence. The Contractor shall deliver such documents and work papers to the DFA upon termination or completion of the Agreement. The foregoing notwithstanding, the Contractor shall be entitled to retain a set of such work papers for its files. The Contractor shall be entitled to use such work papers only after receiving written permission from the DFA and subject to any copyright protections.

24. **Indemnification:** To the fullest extent allowed by law, the Contractor shall indemnify, defend, save and hold harmless, protect, and exonerate the DFA, its Commissioners, Board Members, officers, employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever, including, without limitation, court costs, investigative fees and expenses, and attorneys' fees, arising out of or caused by the Contractor

and/or its partners, principals, agents, employees, and/or subcontractors in the performance of or failure to perform this Agreement. In the State's sole discretion, the Contractor may be allowed to control the defense of any such claim, suit, etc. In the event the Contractor defends said claim, suit, etc., the Contractor shall use legal counsel acceptable to the State. The Contractor shall be solely responsible for all costs and/or expenses associated with such defense and the State shall be entitled to participate in said defense. The Contractor shall not settle any claim, suit, etc., without the State's concurrence, which the State shall not unreasonably withhold.

25. **Third-Party Action Notification:** The Contractor shall give the DFA prompt notice in writing of any action or suit filed, and prompt notice of any claim made against the Contractor by any entity that may result in litigation related in any way to this Agreement.
26. **Notices:** All notices required or permitted to be given under this Agreement must be in writing and personally delivered or sent by certified United States mail, postage prepaid, return receipt requested, to the party to whom the notice should be given at the address set forth below. Notice shall be deemed given when actually received or when refused. The parties agree to promptly notify each other in writing of any change of address.

For the Contractor:

Name  
Title  
Address  
City, State, & Zip Code

For the DFA:

Laura D. Jackson  
Executive Director  
Post Office Box 267  
Jackson, Mississippi 39205-0267

27. **Approval:** It is understood that if this Contract requires approval by the Public Procurement Review Board and/or the Mississippi Department of Finance and Administration Office of Personal Service Contract Review and this Contract is not approved by the PPRB and/or OPSCR, it is void and no payment shall be made hereunder.
28. **Priority:** The Contract consists of this Agreement, the request for proposal [number] (hereinafter "RFP" and attached as Schedule [ ]), and the response proposal by [Contractor] dated [date] (hereinafter "Proposal" and attached as Schedule [ ]). Any ambiguities, conflicts or questions of interpretation of this Contract shall be resolved by first, reference to this Agreement and, if still unresolved, by reference to the RFP and, if still unresolved, by reference to the proposal. Omission of any term or obligation from this Agreement or attached Schedules [ ] or [ ] shall not be deemed an omission from this Contract if such term or obligation is provided for elsewhere in this contract.

29. **Change in Scope of Work:** The DFA may order changes in the work consisting of additions, deletions, or other revisions within the general scope of the Contract. No claims may be made by the Contractor that the scope of the project or of the Contractor's services has been changed, requiring changes to the amount of compensation to the Contractor or other adjustments to the Contract, unless such changes or adjustments have been made by written amendment to the Contract signed by the DFA and the Contractor.

If the Contractor believes that any particular work is not within the scope of the project, is a material change, or will otherwise require more compensation to the Contractor, the Contractor must immediately notify the DFA in writing of this belief. If the DFA believes that the particular work is within the scope of the Contract as written, the Contractor will be ordered to and shall continue with the work as changed and at the cost stated for the work within the Contract.

30. **Contractor Personnel:** The DFA shall, throughout the life of the contract, have the right of reasonable rejection and approval of staff or subcontractors assigned to the work by the Contractor. If the DFA reasonably rejects staff or subcontractors, the Contractor must provide replacement staff or subcontractors satisfactory to the DFA in a timely manner and at no additional cost to the DFA. The day-to-day supervision and control of the Contractor's employees and subcontractors is the sole responsibility of the Contractor.
31. **Recovery of Money:** Whenever, under the contract, any sum of money shall be recoverable from or payable by the Contractor to the DFA, the same amount may be deducted from any sum due to the Contractor under the Contract or under any other contract between the Contractor and the DFA. The rights of the DFA are in addition and without prejudice to any other right the DFA may have to claim the amount of any loss or damage suffered by the DFA on account of the acts or omissions of the Contractor.
32. **Failure to Enforce:** Failure by the DFA at any time to enforce the provisions of the Contract shall not be construed as a waiver of any such provisions. Such failure to enforce shall not affect the validity of the Contract or any part thereof or the right of the DFA to enforce any provision at any time in accordance with its terms.
33. **Trade Secrets, Commercial and Financial Information:** It is expressly understood that Mississippi law requires that the provisions of this Contract which contain the commodities purchased or the personal or professional services provided, the price to be paid, and the term of the Contract shall not be deemed to be a trade secret or confidential commercial or financial information and shall be available for examination, copying, or reproduction.

34. **Termination Upon Bankruptcy:** This Contract may be terminated in whole or in part by the DFA upon written notice to the Contractor, if the Contractor should become the subject of bankruptcy or receivership proceedings, whether voluntary or involuntary, or upon the execution by the Contractor of an assignment for the benefit of its creditors. In the event of such termination, the Contractor shall be entitled to recover just and equitable compensation for satisfactory work performed under this Contract, but in no case shall said compensation exceed the total contract price.
35. **Confidentiality:** Notwithstanding any provision to the contrary contained herein, it is recognized that DFA is a public agency of the State of Mississippi and is subject to the Mississippi Public Records Act. Mississippi Code Annotated §§ 25-61-1 *et seq.* If a public records request is made for any information provided to the DFA pursuant to the agreement and designated by the Contractor in writing as trade secrets or other proprietary confidential information, the DFA shall follow the provisions of Mississippi Code Annotated §§ 25-61-9 and 79-23-1 before disclosing such information. The DFA shall not be liable to the Contractor for disclosure of information required by court order or required by law.

Witness our signatures, on the date first written.

(Insert Contractor)

Department of Finance and Administration

By: \_\_\_\_\_  
Name  
Title

By: \_\_\_\_\_  
Laura D. Jackson  
Executive Director