| Form 1095-B XML Schema Elements *Form1095BUpstreamDetailType* | Form Line Number | eFile Type | eFile Type Definition | minOccurs | maxOccurs | Element Required or Optional | Description |
|---|---|---|---|---|---|---|---|
| RecordId | N/A | RecordIdType | nonNegativeInteger minInclusive value="1" | 1 | 1 | Required | A sequential number (non-negative integer) that uniquely identifies each record within a submission - every Form 1095-B requires a *RecordId* . *RecordId* should start at 1 and increment by 1 sequentially for each Form 1095-B in the submission. |
| TestScenarioId | N/A | TestScenarioIdType | string pattern [1-9]{1,2}-[0-9]{1,2} | 0 | 1 | Optional | The *TestScenarioId* is only applicable to transmissions submitted to AATS and identifies which test scenario the Form 1095-B represents. |
| CorrectedInd | N/A | boolean | true, false, 1, 0 | 1 | 1 | Required | *CorrectedInd* is a boolean indicating if the record is an original (false or 0) or a correction (true or 1) to a record that the IRS has already received, processed, and accepted.  The lexical representation of a boolean is allowed {true, false, 1, 0}. |
| CorrectedRecordInfoGrp | N/A | CorrectedRecordInfoGrpType | complexType | 0 | 1 | Optional | *CorrectedRecordInfoGrp* contains information to identify the submission being corrected. |
| CorrectedUniqueRecordId | N/A | UniqueRecordIDType | token pattern ([0-9a-zA-Z]{8}-[0-9a-zA-Z]{4}-[0-9a-zA-Z]{4}-[0-9a-zA-Z]{4}-[0-9a-zA-Z]{12}: SYS12:[A-Z-[AEIOU]]{2}[A-Z0-9-[AEIOU]]{3}::T\|[1-9]{1}[0-9]{0,15}\|[1-9]{1}[0-9]{0,1 5}) | 1 | 1 | Required | *CorrectedRecordUniqueId* is the unique identifier of the record being corrected. |
| CorrectedRecordPayeeName | N/A | OtherCompletePersonNameType | complexType | 0 | 1 | Optional | The *CorrectedRecordPayeeName* is a complex element.  It is not  required.  However, if it is included in the XML, the simple elements must follow the schema definition.  This is a persons name that the IRS can contact if there are questions about the submission. |
| PersonFirstNm | N/A | string | string, unbounded | 1 | 1 | Required | The *PersonFirstNm* is required if *CorrectedRecordPayeeName* is included in the XML.  It is an unbounded string containing the first name of the person reported on the record being corrected. |
| PersonMiddleNm | N/A | string | string, unbounded | 0 | 1 | Optional | The *PersonMiddleNm* is not required. It is an unbounded string containing the middle name of the person reported on the record being corrected. |
| PersonLastNm | N/A | string | string, unbounded | 1 | 1 | Required | The *PersonLastNm* is required if *CorrectedRecordPayeeName* is included in the XML.  It is an unbounded string containing the last name of the person on the record being corrected. |
| SuffixNm | N/A | string | string, unbounded | 0 | 1 | Optional | The *SuffixNm* is not required. It is an unbounded string containing the suffix name of the person reported on the record being corrected. |
| CorrectedRecordPayeeTIN | N/A | SSNType | string pattern [0-9]{9} | 0 | 1 | Optional | The *CorrectedRecordPayee Tin* is the SSN of the Payee that was reported on the record being corrected. |
| TaxYr | N/A | YearType | gYear 1000-9999 allowed | 0 | 1 | Optional | IRS *TaxYr* is the tax year for which the data on the Form 1095-B is being submitted. |
| PolicyHolderInfoGrp | Lines 1 - 9 | PolicyHolderInfoGrpType | complexType | 0 | 1 | Optional | The complex element *PolicyHolderInfoGrp* contains the information for Form 1095-B Part I. |
| PolicyHolderName | Line 1 | OtherCompletePersonNameType | complexType | 0 | 1 | Optional | The complex element *PolicyHolderName* contains the information to be reported on Line 1 of Form 1095-B. |
| PersonFirstNm | Line 1 | strimg | string, unbounded | 1 | 1 | Required | The *PersonFirstNm* is required if *PolicyHolderName* is included in the XML. It is an unbounded string containing the first name of the responsible individual. |
| PersonMiddleNm | Line 1 | string | string, unbounded | 0 | 1 | Optional | The *PersonMiddleNm* is not required. It is an unbounded string containing the middle name of the responsible individual. |
| PersonLastNm | Line 1 | string | string, unbounded | 1 | 1 | Required | The *PersonLastNm* is required if *PolicyHolderName* is included in the XML.  It is an unbounded string containing the last name of the responsible individual. |
| SuffixNm | Line 1 | string | string, unbounded | 0 | 1 | Optional | The *SuffixNm* is not required. It is an unbounded string containing the suffix name of the responsible individual. |

| | | | | 0 | 1 | Optional | |
|---|---|---|---|---|---|---|---|
| PersonNameControlTxt | N/A | PersonNameControlType | string<br>length value = "4" | 0 | 1 | Optional | The *PersonNameControlTxt* is a string that conforms to the pattern described in the XML Schema. |
| TINRequestTypeCd | N/A | TINRequestTypeCodeType | enumerated string<br>enumerations allowed:<br>  INDIVIDUAL_TIN<br>  BUSINESS_TIN<br>  UNKNOWN | 0 | 1 | Optional | The *TINRequestTypeCd* is a code used to identify the TIN Request Type of the responsible individual. The code for the responsible individual should be INDIVIDUAL_TIN. |
| SSN | Line 2 | SSNType | string<br>pattern [0-9]{9} | 0 | 1 | Optional | The *SSN* is the 9 digit Social Security Number or Taxpayer Identification Number of the responsible individual. |
| BirthDt | Line 3 | DateType | date<br>pattern [1-9][0-9]{3}\-.* | 0 | 1 | Optional | Enter a date of birth for the responsible individual only if SSN on line 2 is blank. |
| MailingAddressGrp | Lines 4 - 7 | BusinessAddressGrpType | complexType | 0 | 1 | Optional | *MailingAddressGrp* is a choice of *USAddressGrp* or *ForeignAddressGrp* . |
|   USAddressGrp | N/A | USAddressGrpType | complexType | 1 | 1 | Required | *USAddressGrp* or *ForeignAddressGrp* simple elements are only required if the XML includes *MailingAddressGrp* . Note: either USAddressGrp or ForeignAddressGrp simple elements are required - not both - depending on the address. |
|     AddressLine1Txt | Line 4 | string | string, unbounded | 1 | 1 | Required | *AddressLine1Txt* is the first line containing the street address of the responsible individual from Part I of Form 1095-B.  This simple element is required if the XML includes *USAddressGrp* . |
|     AddressLine2Txt | Line 4 | string | string, unbounded | 0 | 1 | Optional | *AddressLine2Tx t* is an optional second line containing the street address of the responsible individual from Part I of Form 1095-B. |
|     CityNm | Line 5 | CityType | string<br>up to 22 characters allowed<br>pattern ([A-Za-z] ?)*[A-Za-z] | 1 | 1 | Required | *CityNm* is the name of the city of the responsible individual from Part I of Form 1095-B.  This simple element is required if the XML includes *USAddressGrp* . |
|     USStateCd | Line 6 | USStateCdType | enumerated string<br>2 characters required<br>The Standard Postal Service State Abbreviations and ZIP code list can be found on IRS.gov at **http://www.irs.gov/pub/irs-utl/zip code and state abbreviations.pdf** | 1 | 1 | Required | *USStateCd* is the abbreviation for the state, US Territory, or Military designation of the responsible individual from Part I of Form 1095-B.  This simple element is required if the XML includes *USAddressGrp* . |
|     USZIPCd | Line 7 | USZIPCdType | string<br>5 characters required<br>pattern [0-9]{5} | 1 | 1 | Required | *USZIPCd* is the 5-digit zip code for the address of the responsible individual from Part I of Form 1095-B.  This simple element is required if the XML includes *USAddressGrp* . |
|     USZIPExtensionCd | Line 7 | USZIPExtensionCdType | string<br>pattern [0-9]{4} | 0 | 1 | Optional | *USZIPExtensionCd* is the 4-digit extension zip code for the address of the responsible individual from Part I of Form 1095-B. |
|   ForeignAddressGrp | N/A | ForeignAddressGrpType | complexType | 1 | 1 | Required | *USAddressGrp* or *ForeignAddressGrp* simple elements are only required if the XML includes *MailingAddressGrp* . Note: either *USAddressGrp* or *ForeignAddressGrp* simple elements are required - not both - depending on the address. |
|     AddressLine1Txt | Line 4 | string | string, unbounded | 1 | 1 | Required | *AddressLine1Txt* is the first line containing the street address of the responsible individual from Part I of Form 1095-B.  This simple element is required if the XML includes *ForeignAddressGrp* . |
|     AddressLine2Txt | Line 4 | string | string, unbounded | 0 | 1 | Optional | *AddressLine2Txt* is an optional second line containing the street address of the responsible individual from Part I of Form 1095-B. |
|     CityNm | Line 5 | CityType | string<br>up to 22 characters allowed<br>pattern ([A-Za-z] ?)*[A-Za-z] | 0 | 1 | Optional | *CityNm* is the name of the city of the responsible individual from Part I of Form 1095-B. |
|     CountryCd | Line 7 | CountryCodeType | choice (with *CountryName* )<br>string, unbounded | 1 | 1 | Required | *CountryCd* is the Foreign Country Code of the responsible individual.  This simple element or *CountryName* is required if the XML includes *ForeignAddressGrp* .  The Foreign Country Code list can be found on **IRS.gov at http://www.irs.gov/Tax-Professionals/e-File-Providers-&-Partners/Foreign-Country-Code-Listing-for-Modernized-e-File**. |

| Element | Line | Type | Definition | Min | Max | Required | Description |
|---|---|---|---|---|---|---|---|
| CountryName | Line 7 | string | choice (with CountryCd )<br>string, unbounded | 1 | 1 | Required | CountryName is the Foreign Country Name of the responsible individual. This simple element or CountryCd is required if the XML includes ForeignAddressGrp . The Foreign Country Name list can be found on **IRS.gov at http://www.irs.gov/Tax-Professionals/e-File-Providers-&-Partners/Foreign-Country-Code-Listing-for-Modernized-e-File**. |
| ForeignProvinceNm | Line 6 | string | string, unbounded | 0 | 1 | Optional | ForeignProvinceNm is the name of the Province of the responsible individual from Part I of Form 1095-B. |
| ForeignPostalCd | Line 7 | string | string, unbounded | 0 | 1 | Optional | ForeignPostalCd is the name of the foreign postal code of the responsible individual from Part I of Form 1095-B. |
| PolicyOriginCd | Line 8 | PolicyOriginCodeType | string<br>maxLength= "1"<br>Letter Series: "A", "B", "C", "D", "E", "F" | 0 | 1 | Optional | The PolicyOriginCd is the letter identifying the origin of the policy and can be A through F according to the filing instructions. |
| SHOPIdentificationNum | Line 9 | ExchangeIdType | Leave this line blank for 2014 | 0 | 1 | Optional | For 2014, leave this line blank - this is an optional element and should not be included in the XML for TY 2014. The schema and form include the element for future use. |
| SponsoringEmployerInfoGrp | Lines 10 - 15 | SponsoringEmployerInfoGrpType | complexType | 0 | 1 | Optional | The complex element SponsoringEmployerInfoGrp contains the information for Form 1095-B Part II. |
| BusinessName | None | BusinessNameType | complexType | 0 | 1 | Optional | The BusinessName is a complex element. It is not required. However, if it is included in the XML, the simple elements must follow the schema definition. |
| BusinessNameLine1Txt | Line 10 | BusinessNameLine1Type | string<br>75 characters allowed<br>pattern (([A-Za-z0-9#\-\(\)]\|&#x26;\|&#x27;) ?)*([A-Za-z0-9#\-\(\)]\|&#x26;\|&#x27;) | 1 | 1 | Required | The BusinessNameLine1Txt is required if BusinessName is included in the XML. This is the business name for the employer sponsoring the coverage. |
| BusinessNameLine2Txt | Line 10 | BusinessNameLine2Type | string<br>up to 75 characters allowed<br>pattern (([A-Za-z0-9#\-\(\)]\|&#x26;\|&#x27;) ?)*([A-Za-z0-9#\-\(\)]\|&#x26;\|&#x27;) | 0 | 1 | Optional | The BusinessNameLine2Txt is optional if BusinessName is included in the XML. This is a continuation of the business name for the employer sponsoring the coverage. |
| BusinessNameControlTxt | N/A | BusinessNameControlType | string<br>pattern ([A-Z0-9\-]\|&#x26;){1,4} | 0 | 1 | Optional | The BusinessNameControlTxt is a string that conforms to the pattern described in the XML Schema. |
| EIN | Line 11 | EINType | string<br>9 characters required<br>pattern [0-9]{9} | 0 | 1 | Optional | The EIN is the Employer Identification Number for the employer sponsoring the coverage. |
| TINRequestTypeCd | N/A | TINRequestTypeCodeType | enumerated string<br>enumerations allowed:<br>INDIVIDUAL_TIN<br>BUSINESS_TIN<br>UNKNOWN | 0 | 1 | Optional | The TINRequestTypeCd is a string that conforms to the pattern described in the XML Schema. The enumeration for the employer sponsoring the coverage should be BUSINESS_TIN. |
| MailingAddressGrp | Lines 12 - 15 | BusinessAddressGrpType | complexType | 0 | 1 | Optional | MailingAddressGrp is a choice of USAddressGrp or ForeignAddressGrp . |
| USAddressGrp | N/A | USAddressGrpType | complexType | 1 | 1 | Required | The USAddressGrp is a complex element. USAddressGrp or ForeignAddressGrp simple elements are only required if the XML includes MailingAddressGrp . Note: either USAddressGrp or ForeignAddressGrp simple elements are required - not both - depending on the address. |
| AddressLine1Txt | Line 12 | string | string, unbounded | 1 | 1 | Required | AddressLine1Txt is the first line containing the street address of the employer sponsoring the coverage. This simple element is required if the XML includes USAddressGrp . |
| AddressLine2Txt | Line 12 | string | string, unbounded | 0 | 1 | Optional | AddressLine2Txt is an optional second line containing the street address of the employer sponsoring the coverage. |

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| CityNm | Line 13 | CityType | string<br>up to 22 characters allowed<br>pattern ([A-Za-z] ?)*[A-Za-z] | 1 | 1 | Required | CityNm is the name of the city of the employer sponsoring the coverage. This simple element is required if the XML includes USAddressGrp . |
| USStateCd | Line 14 | USStateCdType | enumerated string<br>2 characters required<br>The Standard Postal Service State Abbreviations and ZIP code list can be found on IRS.gov at **http://www.irs.gov/pub/irs-utl/zip code and state abbreviations.pdf** | 1 | 1 | Required | USStateCd is the abbreviation for the state, US Territory, or Military designation of the employer sponsoring the coverage. This simple element is required if the XML includes USAddressGrp . |
| USZIPCd | Line 15 | USZIPCdType | string<br>5 characters required<br>pattern [0-9]{5} | 1 | 1 | Required | USZIPCd is the 5-digit zip code for the address of the employer sponsoring the coverage. This simple element is required if the XML includes MailingAddressGrp . |
| USZIPExtensionCd | Line 15 | USZIPExtensionCdType | string<br>pattern [0-9]{4} | 0 | 1 | Optional | USZIPExtensionCd is the 4-digit extension zip code for the address of the employer sponsoring the coverage. |
| ForeignAddressGrp | N/A | ForeignAddressGrpType | complexType | 1 | 1 | Required | The ForeignAddressGrp is a complex element. ForeignAddressGrp or USAddressGrp simple elements are only required if the XML includes MailingAddressGrp . Note: either USAddressGrp or ForeignAddressGrp simple elements are required - not both - depending on the address. |
| AddressLine1Txt | Line 12 | string | string, unbounded | 1 | 1 | Required | AddressLine1Txt is the first line containing the street address of the employer sponsoring the coverage. This simple element is required if the XML includes Foreign AddressGrp . |
| AddressLine2Txt | Line 12 | string | string, unbounded | 0 | 1 | Optional | AddressLine2Txt is an optional second line containing the street address of the employer sponsoring the coverage. |
| CityNm | Line 13 | CityType | string<br>up to 22 characters allowed<br>pattern ([A-Za-z] ?)*[A-Za-z] | 0 | 1 | Optional | CityNm is the name of the city of the employer sponsoring the coverage. |
| CountryCd | Line 15 | CountryCodeType | choice (with CountryName )<br>string, unbounded | 1 | 1 | Required | CountryCd is the Foreign Country Code of the employer sponsoring the coverage Either this element **or** CountryName are required if the XML includes ForeignAddressGrp . The Foreign Country Code list can be found on **IRS.gov at http://www.irs.gov/Tax-Professionals/e-File-Providers-&-Partners/Foreign-Country-Code-Listing-for-Modernized-e-File**. |
| CountryName | Line 15 | string | choice (with CountryCd )<br>string, unbounded | 1 | 1 | Required | CountryName is the Foreign Country Name of the address of the employer sponsoring the coverage. Either this element or CountryCd are required if the XML includes ForeignAddressGrp . The Foreign Country Name list can be found on **IRS.gov at http://www.irs.gov/Tax-Professionals/e-File-Providers-&-Partners/Foreign-Country-Code-Listing-for-Modernized-e-File**. |
| ForeignProvinceNm | Line 14 | string | string, unbounded | 0 | 1 | Optional | ForeignProvinceNm is the name of the Province of the address of the employer sponsoring the coverage. |
| ForeignPostalCd | Line 15 | string | string, unbounded | 0 | 1 | Optional | ForeignPostalCd is the name of the foreign postal code of the address of the employer sponsoring the coverage. |
| IssuerInfoGrp | Lines 16 - 22 | IssuerInfoGrpType | complexType | 0 | 1 | Optional | The complex element IssuerInfoGrp contains the information for Form 1095-B Part III. |
| BusinessName | N/A | BusinessNameType | complexType | 0 | 1 | Optional | The BusinessName is a complex element. It is not required. However, if it is included in the XML, the simple elements must follow the schema definition. |
| BusinessNameLine1Txt | Line 16 | BusinessNameLine1Type | string<br>75 characters allowed<br>pattern (([A-Za-z0-9#\-\(\)]\|&#x26;\|&#x27;) ?)*([A-Za-z0-9#\-\(\)]\|&#x26;\|&#x27;) | 1 | 1 | Required | The BusinessNameLine1Txt is required if BusinessName is included in the XML. This is the business name for the provider of the coverage. |

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| *BusinessNameLine2Txt* | Line 16 | BusinessNameLine2Type | string<br>up to 75 characters allowed<br>pattern ((\[A-Za-z0-9#\-\\(\)\]\|&#x26;\|&#x27;) ?)*(\[A-Za-z0-9#\-\\(\)\]\|&#x26;\|&#x27;) | 0 | 1 | Optional | The *BusinessNameLine2Txt* is optional if *BusinessName* is included in the XML. This is a continuation of the business name for the provider of the coverage. |
| *BusinessNameControlTxt* | N/A | BusinessNameControlType | string<br>pattern (\[A-Z0-9\-\]\|&#x26;){1,4} | 0 | 1 | Optional | The *BusinessNameControlTxt* is a string that conforms to the pattern described in the XML Schema. |
| *TINRequestTypeCd* | N/A | TINRequestTypeCodeType | enumerated string<br>enumerations allowed:<br>INDIVIDUAL_TIN<br>BUSINESS_TIN<br>UNKNOWN | 0 | 1 | Optional | The *TINRequestTypeCd* is a string that conforms to the pattern described in the XML Schema. The enumeration for the employer sponsoring the coverage should be BUSINESS_TIN. |
| *EIN* | Line 17 | EINType | string<br>9 characters required<br>pattern [0-9]{9} | 0 | 1 | Optional | The *EIN* is the Employer Identification Number for the employer sponsoring the coverage. |
| *ContactPhoneNum* | Line 18 | ContactPhoneNumberType | string<br>minLength="10"<br>maxLength="15"<br>pattern ([0-9])* | 0 | 1 | Optional | The *ContactPhoneNum* is the phone number of a person associated with the provider of the coverage that the IRS can contact if there are questions about the submission. |
| *MailingAddressGrp* | Lines 19 - 22 | BusinessAddressGrpType | complexType | 0 | 1 | Optional | *MailingAddressGrp* is a choice of *USAddressGrp* or *ForeignAddressGrp* . |
| *USAddressGrp* | N/A | USAddressGrpType | complexType | 1 | 1 | Required | *USAddressGrp* or *ForeignAddressGrp* simple elements are only required if the XML includes *MailingAddressGrp* . Note: either *USAddressGrp* or *ForeignAddressGrp* simple elements are required - not both - depending on the address. |
| *AddressLine1Txt* | Line 19 | string | string, unbounded | 1 | 1 | Required | *AddressLine1Txt* is the first line containing the street address of the provider of the coverage. This simple element is required if the XML includes *USAddressGrp* . |
| *AddressLine2Txt* | Line 19 | string | string, unbounded | 0 | 1 | Optional | *AddressLine2Txt* is an optional second line containing the street address of the provider of the coverage. |
| *CityNm* | Line 20 | CityType | string<br>up to 22 characters allowed<br>pattern ([A-Za-z] ?)*[A-Za-z] | 1 | 1 | Required | *CityNm* is the name of the city of the provider of the coverage. This simple element is required if the XML includes *USAddressGrp* . |
| *USStateCd* | Line 21 | USStateCdType | enumerated string<br>2 characters required<br>The Standard Postal Service State Abbreviations and ZIP code list can be found on IRS.gov at<br>**http://www.irs.gov/pub/irs-utl/zip code and state abbreviations.pdf** | 1 | 1 | Required | *USStateCd* is the abbreviation for the state, US Territory, or Military designation of the provider of the coverage. This simple element is required if the XML includes *USAddressGrp* . |
| *USZIPCd* | Line 22 | USZIPCdType | string<br>5 characters required<br>pattern [0-9]{5} | 1 | 1 | Required | *USZIPCd* is the 5-digit zip code for the address of the provider of the coverage. This simple element is required if the XML includes *USAddressGrp* . |
| *USZIPExtensionCd* | Line 22 | USZIPExtensionCdType | string<br>pattern [0-9]{4} | 0 | 1 | Optional | *USZIPExtensionCd* is the 4-digit extension zip code for the address of the provider of the coverage. |
| *ForeignAddressGrp* | N/A | ForeignAddressGrpType | complexType | 1 | 1 | Required | *ForeignAddressGrp* or *USAddressGrp* simple elements are only required if the XML includes *MailingAddressGrp* . Note: either *USAddressGrp* or *ForeignAddressGrp* simple elements are required - not both - depending on the address. |
| *AddressLine1Txt* | Line 19 | string | string, unbounded | 1 | 1 | Required | *AddressLine1Txt* is the first line containing the street address of the provider of the coverage. This simple element is required if the XML includes *ForeignAddressGrp* . |
| *AddressLine2Txt* | Line 19 | string | string, unbounded | 0 | 1 | Optional | *AddressLine2Txt* is an optional second line containing the street address of the provider of the coverage. |

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| *CityNm* | Line 20 | CityType | string<br>up to 22 characters allowed<br>pattern ([A-Za-z] ?)*[A-Za-z] | 0 | 1 | Optional | *CityNm* is the name of the foreign city of the provider of the coverage. |
| *CountryCd* | Line 22 | CountryCodeType | choice (with *CountryName* )<br>string, unbounded | 1 | 1 | Required | *CountryCd* is the Foreign Country Code of the provider of the coverage<br>Either this element **or** *CountryName* are required if the XML includes *ForeignAddressGrp* .<br>The Foreign Country Code list can be found on **IRS.gov at http://www.irs.gov/Tax-**<br>**Professionals/e-File-Providers-&-Partners/Foreign-Country-Code-Listing-for-Modernized-e-**<br>**File**. |
| *CountryName* | Line 22 | string | choice (with *CountryCd* )<br>string, unbounded | 1 | 1 | Required | *CountryName* is the Foreign Country Name of the address of the provider of the coverage.<br>Either this element **or** *CountryCd* are required if the XML includes *ForeignAddressGrp* . The<br>Foreign Country Name list can be found on **IRS.gov at http://www.irs.gov/Tax-**<br>**Professionals/e-File-Providers-&-Partners/Foreign-Country-Code-Listing-for-Modernized-e-**<br>**File**. |
| *ForeignProvinceNm* | Line 21 | string | string, unbounded | 0 | 1 | Optional | *ForeignProvinceNm* is the name of the Province of the address of the provider of the<br>coverage. |
| *ForeignPostalCd* | Line 22 | string | string, unbounded | 0 | 1 | Optional | *ForeignPostalCd* is the name of the foreign postal code of the address of the provider of the<br>coverage. |
| *CoveredIndividualGrp* | Lines 23 - 28 | EmployerCoveredIndividualType | complexType | 0 | 999 | Optional | The complex element *CoveredIndividualGrp* contains the information for Form 1095-B Part<br>IV. |
| *CoveredIndividualName* | Line 23-28(a) | OtherCompletePersonNameType | complexType | 0 | 1 | Optional | *CoveredIndividualName* is a complex element. It is not required. However, if it is included in<br>the XML, the simple elements must follow the schema definition. |
| *PersonFirstNm* | Line 23-28(a) | string | string, unbounded | 1 | 1 | Required | The *PersonFirstNm* is required if *CoveredIndividualName* is included in the XML. It is an<br>unbounded string containing the first name of the covered individual. |
| *PersonMiddleNm* | Line 23-28(a) | string | string, unbounded | 0 | 1 | Optional | The *PersonMiddleNm* is not required. It is an unbounded string containing the middle name<br>of the covered individual. |
| *PersonLastNm* | Line 23-28(a) | string | string, unbounded | 1 | 1 | Required | The *PersonLastNm* is required if *CoveredIndividualName* is included in the XML. It is an<br>unbounded string containing the last name of the covered individual. |
| *SuffixNm* | Line 23-28(a) | string | string, unbounded | 0 | 1 | Optional | The *SuffixNm* is not required. It is an unbounded string containing the suffix name of the<br>covered individual. |
| *PersonNameControlTxt* | N/A | PersonNameControlType | string<br>length value = "4" | 0 | 1 | Optional | The *PersonNameControlTxt* is a string that conforms to the pattern described in the XML<br>Schema. |
| *TINRequestTypeCd* | N/A | TINRequestTypeCodeType | enumerated string<br>enumerations allowed:<br>  INDIVIDUAL_TIN<br>  BUSINESS_TIN<br>  UNKNOWN | 0 | 1 | Optional | The *TINRequestTypeCd* is a string that conforms to the pattern described in the XML<br>Schema. The enumeration for the *CoveredIndividualName* should be INDIVIDUAL_TIN. |
| *SSN* | Line 23-28(b) | SSNType | string<br>pattern [0-9]{9} | 0 | 1 | Optional | The *SSN* is the 9 digit Social Security Number or Taxpayer Identification Number of each<br>covered indivdual. |
| *BirthDt* | Line 23-28(c) | DateType | date<br>pattern [1-9][0-9]{3}\-.* | 0 | 1 | Optional | Enter a date of birth for the covered individual only if SSN on Line 2 is blank. |
| *CoveredIndividualAnnualInd* | Line 23-28(d) | CheckboxType | enumerated string<br>enumeration="X" | 0 | 1 | Optional | Check this box if the individual was covered for at least one day per month for all 12 months<br>of the calendar year. |
| *CoveredIndividualMonthlyInd* | N/A | MonthIndGrpType | complexType | 0 | 1 | Optional | *CoveredIndividualMonthlyInd* is a complex element. It shows each month the individual was<br>covered for at least one day in each month listed. |
| *JanuaryInd* | Line 23-28(e) | CheckboxType | enumerated string<br>enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element<br>with the enumeration "X" for each month in which the individual was covered for at least one |
| *FebruaryInd* | Line 23-28(e) | CheckboxType | enumerated string<br>enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element<br>with the enumeration "X" for each month in which the individual was covered for at least one<br>day. |
| *MarchInd* | Line 23-28(e) | CheckboxType | enumerated string<br>enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element<br>with the enumeration "X" for each month in which the individual was covered for at least one<br>day. |

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| *AprilInd* | Line 23-28(e) | CheckboxType | enumerated string enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day. |
| *MayInd* | Line 23-28(e) | CheckboxType | enumerated string enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day. |
| *JuneInd* | Line 23-28(e) | CheckboxType | enumerated string enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day. |
| *JulyInd* | Line 23-28(e) | CheckboxType | enumerated string enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day. |
| *AugustInd* | Line 23-28(e) | CheckboxType | enumerated string enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day. |
| *SeptemberInd* | Line 23-28(e) | CheckboxType | enumerated string enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day. |
| *OctoberInd* | Line 23-28(e) | CheckboxType | enumerated string enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day. |
| *NovemberInd* | Line 23-28(e) | CheckboxType | enumerated string enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day. |
| *DecemberInd* | Line 23-28(e) | CheckboxType | enumerated string enumeration="X" | 0 | 1 | Optional | This is a Checkbox Type - if the individual was not covered for all months include this element with the enumeration "X" for each month in which the individual was covered for at least one day. |
| *recordType* | N/A | string | string | 1 | 1 | Required | The underlying COTS product requires the *recordType* and *lineNum* attributes for every record in the file. These attributes are constants: |
| *lineNum* | N/A | string | integer | 1 | 1 | Required | *recordType* ="" *lineNum* ="0" |

**Depending on the developmental tool used there may be a compatibility issue and the displayed results may differ with the filing patterns shown.**