Bulk Upload Instructions

Form 1095-B - Employee Information
Last updated: **Version 1.0 (Dec 24, 2024)**

General Instructions
Mandatory Fields: Fields marked as required or mandatory must be filled for every record.   **Empty Fields:** If a value is not applicable, leave the field blank rather than using placeholders like "N/A" or "NULL."   **Duplicate Records:** Duplicates can cause errors or inconsistencies in the submission process. Therefore, ensure that each record is unique by removing any duplicate rows.   **Duplicate Records:** All special characters are allowed except < > ; { } [ ] _ \ ! : ? = (These characters will be removed before upload.) If any text has a dot followed by letters, a space will be added after the dot.   **File Size:** The file size should not exceed the specified limit (e.g., 15 MB). Split large files into smaller ones if necessary.

Field Name	Description	Maximum Length	Allowed Input Characters
Part I – Responsible Individual			
1.First Name/Business Name*	First Name of the responsible individual	20	"Alphabets and Numbers All special characters allowed except < > ; { } [ ] _ \ ! : ? = "
1.Middle Name	Middle Name of the responsible individual	20	"Alphabets and Numbers All special characters allowed except < > ; { } [ ] _ \ ! : ? = "
1.Last Name*	Last Name of the responsible individual	20	"Alphabets and Numbers All special characters allowed except < > ; { } [ ] _ \ ! : ? = "
1.Suffix	Use this field to add generational titles (e.g., Jr., Sr., III) to the responsible individual for accurate identification.	4	Select from dropdown: Jr, Sr, II, III, IV, V, VI, VII
2.SSN	It is the 9-digit Social Security Number of the responsible individual.	11	Numbers and hyphens. Format: XXXXXXXXX (OR) XXX-XX-XXXX
3.DOB	Date of birth for the responsible individual.	-	MM/DD/YYYY (e.g.: 09/24/1990) or MM-DD-YYYY (e.g.: 09-24-1990)
3.EIN	The EIN is the 9-digit Employer Identification Number of the business.	11	Enter the nine digit EIN without hyphen. Make sure the EIN is valid.
7.Country*	Enter the Country or Country Code of the responsible individual or that of the business as per the IRS standards	-	Choose from dropdown
4. Address Line 1*	Enter the primary street address of the	46	Alphabets, Numbers and Acceptable Special

	responsible individual or the business		Characters # / & ( ) - ' , .
4. Address Line 2	Optional field for additional address details such as apartment, suite, unit, or building number of the responsible individual or the business	46	Alphabets, Numbers and Acceptable Special Characters # / & ( ) - ' , .
5.City	Name of the city of the responsible individual or the business	50	Alphabets, Numbers and Acceptable Special Characters # / & ( ) - ' , .
6. State	State in which the responsible individual resides	-	Choose from dropdown: All the US States will be listed in the dropdown.
7. ZIP Code / Postal Code	If the responsible individual is from the US, the ZIP code must be filled out. Otherwise, the postal code should be provided.	16	Numbers and hyphen
6. Province	Choose the province if the responsible individual resides in Canada		Choose From Dropdown
6. Foreign State	Enter the foreign state if the responsible individual resides outside US		Alphabets, Numbers and Acceptable Special Characters # / & ( ) - ' , .
Online Access*	Select if you want to allow this employee to access Form 1095B Online.	-	Choose from dropdown
Email Address	Enter the email address of the employees if you want them to access their Form 1095B online.	100	Enter the email address of the employees if you want them to access their Form 1095B online.
Telephone	Enter the Employee's	10	Enter the Employee's

Number	Phone Number. It can be a maximum of 10 digits. This is an optional field.		Phone Number. It can be a maximum of 10 digits. This is an optional field.
Reference Number	Enter the Employee's Reference Number.	20	Enter the Employee's Reference Number.
8.Origin of Policy*	Select the Origin of Policy from the drop down	-	Select the Origin of Policy from the drop down
Part II - Information About Certain Employer - Sponsored Coverage			
10.Business Name	Enter the Business Name for the employer sponsoring the coverage	75	Do not enter special characters except " -" , "()", "&", ('), single space.
11.EIN	The EIN is the Employer Identification Number for the employer sponsoring the coverage.	11	Enter the nine digit EIN of the issuer or other coverage provider without hyphen. Make sure the EIN is valid. This field cannot be blank.
Telephone	Enter the phone number of the issuer or other coverage provider. It can be a maximum of 10 digits. This is an optional field.	10	"Numbers Allowed special characters are + - ( ) and spaces"
15.Country	Enter the Country or Country Code of the responsible individual or that of the business as per the IRS standards	-	Choose from dropdown
12. Address Line 1	Enter the primary street address of the employer sponsoring the coverage.	46	Alphabets, Numbers and Acceptable Special Characters # / & ( ) - ', .
12. Address Line 2	Optional field for additional address details such as apartment, suite, unit, or building number of	46	Alphabets, Numbers and Acceptable Special Characters # / & ( ) - ', .

	the employer sponsoring the coverage		
13.City	Name of the city of the employer sponsoring the coverage	50	Alphabets, Numbers and Acceptable Special Characters # / & ( ) - ' , .
14. State	Name of the state of the employer sponsoring the coverage	-	Choose from dropdown: All the US States will be listed in the dropdown.
15. ZIP Code / Postal Code	If the employer sponsoring the coverage is from the US, the ZIP code must be filled out. Otherwise, the postal code should be provided.	16	Numbers and hyphen
14. Province	Choose the province if the employer sponsoring the coverage is from Canada		Choose From Dropdown
14. Foreign State	Enter the foreign state if the employer sponsoring the coverage is from outside US		Alphabets, Numbers and Acceptable Special Characters # / & ( ) - ' , .
Part III – Issuer or Other Coverage Provider Details			
• Please note that the Part III details will be filled based on the Issuer or Other Coverage Provider details you've provided in the TaxBandits Application. There is no necessity to include the information again within the template, so it has been omitted.			
Part IV – Covered Individuals			
First Name*	Enter the Covered Individual's First Name.	20	"Alphabets and Numbers All special characters allowed except < > ; { } [ ] _ \ ! : ? = "
Middle Name	Enter the Covered Individual's Middle Name.	20	"Alphabets and Numbers All special characters allowed except < > ; { } [ ] _ \

			!:?="
Last Name*	Enter the Covered Individual's Last Name.	20	"Alphabets and Numbers All special characters allowed except < > ; { } [ ] _ \ !:?="
Suffix	Use this field to add generational or professional titles (e.g., Jr., Sr., III) to the covered individual's name for accurate identification.	4	Select from dropdown: Jr, Sr, II, III, IV, V, VI, VII
SSN	Enter the SSN of the covered individual. The acceptable formats are 234-54-5434, 898765463.	11	Numbers and TIN is allowed with or without hyphen
DOB	If the Covered Individuals don't possess any SSN, enter the Covered Individual's DOB.	10	MM/DD/YYYY (e.g.: 09/24/1990) or MM-DD-YYYY (e.g.: 09-24-1990)
d.All 12 months (OR) Jan-Dec	Select the Coverage option for all 12 months or individually from January to December	-	Choose From Dropdown -Yes or No