

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

OMB No. 1545-2251

 CORRECTED**2023**

Part I Employee				Applicable Large Employer Member (Employer)									
1 Name of employee (first name, middle initial, last name)		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				Employee's Age on January 1					Plan Start Month (enter 2-digit number):				
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

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

Cat. No. 60705M

Form **1095-C** (2023)

The Affordable Care Act requires that large employers provide each full-time, benefits-eligible employee receiving health insurance benefits a 1095-C form. This form provides details of employee's offered and enrollment in medical coverage. Enrollment information reported on 1095-C relates only to medical coverage, as information regarding enrollment in dental or vision programs is not included.

The IRS requires the State of New Mexico to deliver these forms to employees no later than March 2, 2024.

**DELIVERY METHOD:**

- State of New Mexico Employee - Your form will be distributed via mail to your home address listed in SHARE.
- Local Public Body Employees - Your form will be distributed by your Human Resources Representative.

**IMPORTANT**

To receive your 1095-C tax document it is required that your current mailing address is listed in SHARE under the "Home" address component, as the "Home" address is the address utilized for mail distribution. Visit the [SHARE Self-Service Manual](#) for instructions to update/confirm your "Home" address. In addition, below are some important tips for accurate mailing.

1. Your "Home" address is required to be listed on one complete line. (Address is not to bleed into the second line).
2. "Home" address should not be incomplete or missing.
3. Do not use special characters in both the Name and "Home" address such as -, #, ~, etc...