Form 1095-B - Tax Year 2026 Import Template

Health Coverage. Insurers, self-insured employers that are not Applicable Large Employers, and other coverage providers report who actually had minimum essential coverage, month by month. Form 1094-B is the transmittal that goes with it and it is on the second tab of this workbook.

Safe to open: this workbook contains no macros, scripts or links to other files. Nothing runs when you open it.

Header colors

SECTIONS	Header colors group the columns by section of the form, the same colors used in previous years.
REQUIRED?	Colors don't show whether a column is required. Hover over any header cell, or see the Required column in the field reference below.

Names and addresses

Type names and addresses as you normally would. We clean up punctuation before filing.

Cells that turn amber

Some cells shade amber as you type or paste. It is a warning and never a block. Nothing is rejected, nothing is locked, and you can leave a cell amber and send the file anyway. It only means the entry is one we would look at twice.

A covered individual marked as covered all 12 months with monthly cells filled in as well. Use one or the other.

A line 8 origin code that is not a single letter A through G.

Anything at all in the line 9 column, which the IRS reserves.

US or USA in a country code column. Leave those columns blank for a U.S. address.

The highlighting is ordinary conditional formatting, the same feature you would use yourself. This workbook contains no macros and nothing runs when you open it.

What changed for 2026

The 2026 Form 1095-B is unchanged in structure from 2025. Every line sits where it did last year, so this workbook keeps the same columns in the same order as the version you have been using.

Line 9 stays blank. The IRS reserves it, so column P is left empty on every row.

If you can't get a covered individual's SSN, you may report a date of birth instead. The DOB columns are for exactly this.

Anyone filing 10 or more information returns of all types combined, counting W-2s and 1099s alongside 1095-Bs, has to file electronically.

The IRS had not published the final 2026 instructions when this workbook was built, so the 2026 filing dates and any late wording change are still to be confirmed. We will tell you before filing season if anything moves.

How to use this workbook

1. Enter one row per Form 1095-B on the tab named 1095-B Data. Row 1 holds the column headers and your data starts in row 2. The tab runs from column A to column BB.
2. Fill in the 1094-B Data tab as well. It is the transmittal that goes with your 1095-B forms.
3. Try to keep the columns as they are. If your system exports something different, send us the export as it comes out and we will map it. That is easier and safer than rekeying it.
4. Hover over any header cell to see what belongs in that column, whether it is required, and the expected format. The same is true of the white entry cells on the 1094-B tab.
5. Header colors group the columns by section of the form, the same colors used in previous years. They don't show whether a column is required. The first word of every header comment says that, and so does the Required column in the field reference below.

6. Line 8 takes one letter, A through G, on every row. It decides whether Part II on lines 10 to 15 applies. The Codes tab explains each letter.
7. Leave the line 9 column empty. The IRS reserves it.
8. For each covered person, either mark them covered all 12 months or fill the twelve monthly cells. Never both: the IRS schema carries one or the other, so filling both means one gets dropped.
9. Use an SSN where you have one. Only use the date of birth column when the SSN column is blank, never both for the same person.
10. SSNs, EINs and ZIP codes may include dashes or spaces. We clean the formatting for you, so just make sure the digits are right. Those columns are already formatted as text in this workbook so a leading zero survives. If you paste into them, use Paste Special then Values so the formatting is not overwritten.
11. State columns take the code on its own, AZ and not AZ - Arizona. Leave the country code columns blank for a U.S. address: entering US or USA there is invalid.
12. Covered individuals go on continuation rows. Put the responsible individual on their own row, then add one row per additional covered person directly beneath with columns A through AI left completely blank.
13. Leave a cell blank rather than entering N/A, none, or a zero you are not sure about.
14. Save the file as .xlsx and upload it to the secure client portal, linked just below. Please do not password protect the file.

Where to send your completed file

Secure client portal	https://portal.1099fire.com

Upload the completed workbook here. Please do not password protect the file.

Official IRS references

IRS Instructions for Forms 1094-B and 1095-B	https://www.irs.gov/instructions/i109495b
About Form 1095-B	https://www.irs.gov/forms-pubs/about-form-1095-b
About Form 1094-B	https://www.irs.gov/forms-pubs/about-form-1094-b
Affordable Care Act Information Returns (AIR) program	https://www.irs.gov/e-file-providers/affordable-care-act-information-returns-air
Publication 5165, guide for electronically filing ACA information returns	https://www.irs.gov/pub/irs-pdf/p5165.pdf
IRS country codes	https://www.irs.gov/e-file-providers/country-codes

Common mistakes that cause a rejection or a correction

Marking a covered individual as covered all 12 months and filling the monthly cells as well. The IRS schema carries one or the other, never both, so filling both means one of them is dropped on the way out and the filing goes in wrong rather than bouncing back to you.

Filling in both the SSN and the DOB for the same person. Those two are mutually exclusive in the IRS schema. Use the SSN when you have it and the DOB only when you do not.

Leaving line 8 blank or entering something other than a single letter A through G. That letter is what tells the IRS where the coverage came from, and it decides whether Part II applies to you.

Completing Part II when it does not apply. It is only for an insurer or carrier of an insured group health plan with line 8 of A or B. Never for a multiemployer plan, and not for a self-insured employer using B.

Putting anything in the line 9 column. The IRS reserves it and it must stay empty.

Losing a leading zero on an SSN or a ZIP code. Excel drops it from anything it reads as a number, so 053-08-4558 survives but 053084558 becomes 53084558 and ZIP 07030 becomes 7030. Those columns are already formatted as text in this workbook. If you paste into them, use Paste Special then Values so the formatting is not overwritten.

Entering US or USA in a country code column. Leave it blank for a U.S. address. The column is only for foreign addresses and the IRS codes are not the ISO ones.

Listing someone in the covered individual columns who was not actually covered. Those columns are a record of real coverage, not of who was offered it.

Deleting, renaming or reordering columns, or deleting the header row. The data tab runs A through BB and your data starts in row 2. If your system exports something different, send it to us as it comes out and we will map it rather than have you rekey it.

Worked example: covered individuals

Every person who actually had coverage gets a row, starting with the responsible individual. Everyone else goes on a continuation row directly beneath, with columns A through AI left completely blank.
Mark each person either covered all 12 months, or month by month. Never both.

Row	Columns A to AI	Column AP	Columns AQ to BB
2	All of the responsible individual's own data	1	Leave blank
3	Leave completely blank	1	Leave blank
4	Leave completely blank	0	Enrolled in July: Jan to Jun = 0, Jul to Dec = 1
5	The next responsible individual's own data	1	Leave blank

2026 key figures

Item	Figure	Note
Electronic filing threshold	10 returns	10 or more information returns of all types combined, counting W-2s and 1099s alongside 1095-Bs.
Covered individual TIN	Name and DOB	If you can't get a covered individual's SSN, you may report a date of birth instead.
Covered individuals per form	Up to 99	The paper form holds six before it needs a continuation sheet, but the electronic schema accepts up to 99 for one responsible individual.
Origin of coverage	A to G	Line 8 takes one letter. See the Codes tab for what each one means and whether Part II applies.

Field reference

One row per form. The header row and column order are identical in the .xlsx and .csv versions, so the position number below is the column position in either file.

#	Col	Column name	Required	Format	What to enter
1	A	**DO NOT USE**	Optional	Leave blank	Leave this blank. The TY2026 IRS schema has no Void field on Form 1095-B, so nothing you put here reaches the IRS. The column is kept only so the layout matches earlier years.
2	B	**Corrected**	Optional	Leave blank	Leave this blank on an original filing. Mark a form here only when you are re-sending a form the IRS already accepted and it needs to be fixed. Corrections normally go in a file of their own, so check with us first.
3	C	**1 First Name (Policy Holder)**	Required	Text	The responsible individual's legal first name, which is the person this statement is addressed to. This is usually the primary insured, the employee or the parent.
4	D	**Middle Name**	Optional	Text	Middle name or initial if you have it. Leave blank if you do not.
5	E	**Last Name**	Required	Text	The responsible individual's legal last name as it appears in IRS records.
6	F	**Suffix**	Optional	Text	Jr., Sr., II, III and so on. Leave blank if there is none.
7	G	**2 SSN**	If applicable	9 digits (dashes OK)	The responsible individual's SSN or other TIN. Dashes or spaces are fine, we remove them on upload. It can be left blank only when that person is not one of the covered individuals listed further along this row. If you leave it blank, fill in the DOB column instead.
8	H	**3 DOB**	If applicable	Date (any format)	Fill this in only when the SSN column is blank. Any recognizable date format is fine.

#	Col	Column name	Required	Format	What to enter
9	I	**4 Address Line 1**	**Required**	Text	The responsible individual's street address, including any apartment or unit number.
10	J	**4 Address Line 2**	**Optional**	Text	A second address line if you need one. Leave blank if you do not.
11	K	**5 City**	**Required**	Text	The responsible individual's city or town.
12	L	**6 State**	**Required**	2-letter state code	The two-letter U.S. state or territory code, on its own: AZ, not AZ - Arizona. For a foreign address, spell the province or region out here and fill in the country code column.
13	M	**7 Country Code**	**If applicable**	2-letter IRS country code	Leave this blank for a U.S. address. Entering US or USA here is invalid and will cause a rejection. Fill it in only for a foreign address. IRS country codes are not the usual ISO codes: AS is Australia, CH is China, GM is Germany, UK is the United Kingdom. The full list is on the Codes tab.
14	N	**7 ZIP**	**Required**	5 or 9 digits (dashes OK)	Dashes are fine. This column is formatted as text so a leading zero survives. For a foreign address, enter the foreign postal code.
15	O	**8 Origin of Policy**	**Required**	One letter, A to G	The single letter identifying where this coverage came from. A is SHOP, B is employer-sponsored other than an individual coverage HRA, C is a government-sponsored program, D is individual market insurance, E is a multiemployer plan, F is other designated minimum essential coverage, and G is an individual coverage HRA. The full table is on the Codes tab. The letter you choose here decides whether Part II applies.
16	P	**9 Blank**	**Optional**	Leave blank	Line 9 is blank for 2026. The IRS reserves it, so leave the column empty.
17	Q	**10 Employer Name Line 1**	**If applicable**	Text	Part II is only for an insurer or carrier of an insured group health plan, which means line 8 is A or B. A self-insured employer using B skips Part II, and nobody completes it for a multiemployer plan. Leave it blank unless it applies to you. Enter the sponsoring employer's legal name. For a controlled group, name the specific member that employs the covered employee.
18	R	**10 Employer Name Line 2**	**Optional**	Text	Part II is only for an insurer or carrier of an insured group health plan, which means line 8 is A or B. A self-insured employer using B skips Part II, and nobody completes it for a multiemployer plan. Leave it blank unless it applies to you. A second line for the employer name, or a DBA.
19	S	**11 EIN**	**If applicable**	9 digits (dashes OK)	Part II is only for an insurer or carrier of an insured group health plan, which means line 8 is A or B. A self-insured employer using B skips Part II, and nobody completes it for a multiemployer plan. Leave it blank unless it applies to you. The sponsoring employer's EIN. Dashes are fine.
20	T	**12 Address Line 1**	**If applicable**	Text	Part II is only for an insurer or carrier of an insured group health plan, which means line 8 is A or B. A self-insured employer using B skips Part II, and nobody completes it for a multiemployer plan. Leave it blank unless it applies to you. The employer's street address, including any room or suite number.
21	U	**12 Address Line 2**	**Optional**	Text	Part II is only for an insurer or carrier of an insured group health plan, which means line 8 is A or B. A self-insured employer using B skips Part II, and nobody completes it for a multiemployer plan. Leave it blank unless it applies to you. A second employer address line.
22	V	**13 City**	**If applicable**	Text	Part II is only for an insurer or carrier of an insured group health plan, which means line 8 is A or B. A self-insured employer using B skips Part II, and nobody completes it for a multiemployer plan. Leave it blank unless it applies to you. The employer's city or town.
23	W	**14 State**	**If applicable**	2-letter state code	Part II is only for an insurer or carrier of an insured group health plan, which means line 8 is A or B. A self-insured employer using B skips Part II, and nobody completes it for a multiemployer plan. Leave it blank unless it applies to you. The two-letter code for the employer address, on its own.

#	Col	Column name	Required	Format	What to enter
24	X	**15 Country Code**	If applicable	2-letter IRS country code	Part II is only for an insurer or carrier of an insured group health plan, which means line 8 is A or B. A self-insured employer using B skips Part II, and nobody completes it for a multiemployer plan. Leave it blank unless it applies to you. Only for a foreign employer address, never for a U.S. one, where entering US or USA is invalid. The full list is on the Codes tab.
25	Y	**15 Zip**	If applicable	5 or 9 digits (dashes OK)	Part II is only for an insurer or carrier of an insured group health plan, which means line 8 is A or B. A self-insured employer using B skips Part II, and nobody completes it for a multiemployer plan. Leave it blank unless it applies to you. Dashes are fine. This column is formatted as text so a leading zero survives.
26	Z	**16 Issuer Name Line 1**	Required	Text	The legal name of the issuer or other coverage provider filing this form. That may be the insurance company, the sponsor of a self-insured plan, a government agency, or another coverage sponsor.
27	AA	**16 Issuer Name Line 2**	Optional	Text	A second line for the issuer name, or a DBA.
28	AB	**17 EIN**	Required	9 digits (dashes OK)	The issuer's EIN. Dashes are fine. This one is never truncated on any copy, including the recipient's.
29	AC	**18 Phone number**	Required	10 digits (any format)	A telephone number an individual can call and reach a person about this form. Any common format is fine, for example 4805551234 or (480) 555-1234.
30	AD	**19 Address Line 1**	Required	Text	The issuer's street address, including any room or suite number.
31	AE	**19 Address Line 2**	Optional	Text	A second issuer address line.
32	AF	**20 City**	Required	Text	The issuer's city or town.
33	AG	**21 State**	Required	2-letter state code	The two-letter code for the issuer address, on its own.
34	AH	**22 Country Code**	If applicable	2-letter IRS country code	Leave blank for a U.S. address, where US and USA are both invalid. Only for a foreign issuer address. The full list is on the Codes tab.
35	AI	**22 ZIP**	Required	5 or 9 digits (dashes OK)	Dashes are fine. This column is formatted as text so a leading zero survives.
36	AJ	**First Name (Covered Individuals)**	Required	Text	Covered individuals each get their own row. Put the responsible individual on their own row, then add one row per additional covered person directly beneath, with columns A through AI left completely blank on those rows. There is a worked example in this document.
37	AK	**Middle Name**	Optional	Text	The covered individual's middle name or initial, if you have it.
38	AL	**Last Name**	Required	Text	The covered individual's legal last name.
39	AM	**Suffix**	Optional	Text	Jr., Sr., II, III and so on. Leave blank if there is none.
40	AN	**SSN**	If applicable	9 digits (dashes OK)	The covered individual's SSN or other TIN. Dashes are fine. If you don't have it, leave this blank and fill the DOB column instead. The IRS schema takes one or the other, never both.
41	AO	**DOB (if SSN is not available)**	If applicable	Date (any format)	Fill this in only when the SSN column is blank. Any recognizable date format is fine.
42	AP	**Covered all 12 months**	If applicable	1 or 0	Enter 1 if this person had at least one day of coverage in every month of the year, then leave the twelve monthly cells blank. Otherwise enter 0 and use the monthly cells instead. The IRS schema carries one or the other, never both.
43	AQ	**January**	If applicable	1 or 0	Enter 1 if this person had at least one day of coverage in January, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.
44	AR	**February**	If applicable	1 or 0	Enter 1 if this person had at least one day of coverage in February, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.
45	AS	**March**	If applicable	1 or 0	Enter 1 if this person had at least one day of coverage in March, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.

#	Col	Column name	Required	Format	What to enter
46	AT	**April**	**If applicable**	1 or 0	Enter 1 if this person had at least one day of coverage in April, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.
47	AU	**May**	**If applicable**	1 or 0	Enter 1 if this person had at least one day of coverage in May, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.
48	AV	**June**	**If applicable**	1 or 0	Enter 1 if this person had at least one day of coverage in June, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.
49	AW	**July**	**If applicable**	1 or 0	Enter 1 if this person had at least one day of coverage in July, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.
50	AX	**August**	**If applicable**	1 or 0	Enter 1 if this person had at least one day of coverage in August, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.
51	AY	**September**	**If applicable**	1 or 0	Enter 1 if this person had at least one day of coverage in September, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.
52	AZ	**October**	**If applicable**	1 or 0	Enter 1 if this person had at least one day of coverage in October, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.
53	BA	**November**	**If applicable**	1 or 0	Enter 1 if this person had at least one day of coverage in November, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.
54	BB	**December**	**If applicable**	1 or 0	Enter 1 if this person had at least one day of coverage in December, or 0 if they did not. Use these cells only when the person was not covered for all twelve months.

Questions? Contact 1099FIRE before the filing deadline. Source: IRS Instructions for Forms 1094-B and 1095-B. 1099FIRE | 1099fire.com | (480) 706-6474 | Rev 2, last updated October 28, 2026, subject to change. This document is generated from the 1095-B Tax Year 2026 import template and matches it exactly.