

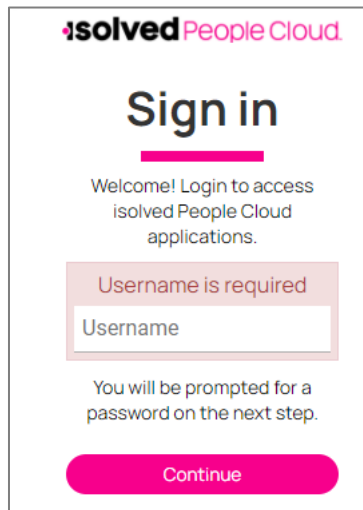
Introduction

The purpose of this article is to review and explain what is found on your W-2/ACA/1099 Forms tab in Employee Self-Service.

Navigation

In order to view your W-2, ACA or 1099 Forms, log into isolved using your Employee Self-Service email address and password. Please ensure that passwords are a minimum of 12 characters, at least one lower-case alpha (a-z), one upper-case alpha (A-Z), one numeric (0-9), and one special character. Spaces are allowed to support the use of easier to remember passphrases. Going forward, your password will not expire. Passwords may also not duplicate any of your previous 10 passwords.

If you key an incorrect password five times, you will be locked out of the system. You will receive a message after each incorrect attempt indicating the remaining number of attempts. After the fifth incorrect attempt, you will be locked out of the system for 10 minutes. Once the 10 minutes has passed, click on the "Forgot Password" link and change your password. If you need access sooner, you may contact your company's administrator to unlock your account.

A screenshot of the 'isolved People Cloud' sign-in interface. At the top is the logo. Below it is the heading 'Sign in' with a pink underline. A message reads: 'Welcome! Login to access isolved People Cloud applications.' Below this is a pink-bordered box containing the text 'Username is required' and a text input field labeled 'Username'. Underneath the box, a message states: 'You will be prompted for a password on the next step.' At the bottom is a pink 'Continue' button.

Navigate to Employee Self Service > W-2/ACA/1099 Forms. Click on **W-2/ACA/1099 Forms**.

Employee Self-Service Dashboard:

- Header:** Daniel L. Adams, Employee#: 1004, Pay Group: Biweekly, Hire Date: 9/15/1981, Hourly: #####, Work Location: MANHATTAN, NY, Division: 01 - 01, Department: 20 - 20, Client: JMM1000 - Joan Test Company Inc, Company: Joan Test Company Inc.
- Sidebar:** EMPLOYEE SELF-SERVICE, Time >, Employee Landing, Employee Messages, Employee Contacts >, Direct Deposit Updates, Employee Contacts, Pay History, **W2/ACA/1099 Forms**.
- Welcome back Daniel**
- MY PROFILE:** Daniel L. Adams, Billing Clerk, Length of Service: 39 Years, Anniversary: 9/15/1981.
- NOTIFICATIONS:** Important Company Messages.
- MY HUMAN RESOURCE CONTACTS:**
- MY PAY:** 12/31/2020, 12/18/2020, Check Number: V10784889, V10784886, Gross Pay, Net Pay, Direct Deposit.
- MY BENEFITS:** 401(k) Plan, 401(k).

W-2/ACA/1099 Forms

If you have access to this tab, any W-2, ACA (1095 Form) or 1099 Forms that are applicable for your employment status and company will be located here for viewing. If you have signed up for electronic W-2/ACA and 1099 Forms, this will be the only copy you received. If you have not signed up for the electronic forms delivery service, you will also receive a physical copy from your employer.

Remember, these forms are not required to be provided to employees until January 31st after the year that has ended. Please watch for them, as they will post when available. Or check with your administrator for more details on dates provided.

In order to view the appropriate form, find the year and form needed.

Daniel L. Adams, Pay Group: Biweekly, Employee#: 1004, Hire Date: 9/15/1981, Hourly: #####, Work Location: MANHATTAN, NY, Division: 01 - 01, Department: 20 - 20, Client: JMM1000 - Joan Test Company Inc, Company: Joan Test Company Inc					
W2/ACA/1099 Forms					
Tax Year	Document Description	Document Type	Document Name	View Document	View Instructions
2020	W-2	YE Tax Form	2020 W-2.pdf	View Document	View Instructions

The column headings on the screen will include:

- **Tax Year:** The year the information refers to.
- **Document Description:** This description can include:
 - W-2/1099
 - ACA 1095
- **Document Type:** Defaults to "YE Tax Form." The original documents are shown under this document type. **Note:** If a correction has been made, the **Document Type** shows as "YE Tax Form Correction."
- **Document Name:** The document file name.
- **View Document:** Click on this link to view and/or print the form.
- **View Instructions:** These will only be available if you signed up for electronic forms. For information on electronic forms delivery, please refer to the [Year-end Electronic Tax Form Consent](#) article in the University Library.

Click on the "View Document" link next to the **Document Description/Tax Year** you want to view.

◆ Tax Year	◆ Document Description	◆ Document Type	◆ Document Name	View Document	View Instructions
2020	W-2	YE Tax Form	2020 W-2.pdf	View Document	View Instructions

Note: If you are receiving both a W-2 and 1099 or either from your employer, both documents will be under the same link.

Here is an example of a W-2 Form:

Copy B--To Be Filed With Employee's FEDERAL Tax Return				OMB No. 1545-0008	
This information is being furnished to the Internal Revenue Service.					
a. Employee's social security number	1. Wages, tips, other compensation	2. Federal income tax withheld			
111-22-5559	41794.92	6315.35			
b. Employer ID number (EIN)	3. Social security wages	4. Social security tax withheld			
56-0000000	43336.27	2686.85			
d. Control number	5. Medicare wages and tips	6. Medicare tax withheld			
JMM1000-1004	43336.27	628.38			
c. Employer's name, address, and ZIP code Joan Test Company Inc 125 Broadway New York, NY 10019					
e. Employee's name, address, and ZIP code Daniel L Adams 2960 Lafayette Ave Bronx, NY 10465					
7. Social security tips	8. Allocated tips	9.			
10. Dependent care benefits	11. Nonqualified plans	12a. Code See inst. for Box 12 D 1541.35			
13. Statutory employee	14. Other NYSDI 18.00 NYFPL 88.40 401k Loan 625.00	12b. Code DD 1061.04			
Retirement plan Y		12c. Code			
Third-party sick pay		12d. Code			
15. State NY	Employer's state ID number 560000000	16. State wages, tips, etc. 41794.92	17. State income tax 2157.39		
18. Local wages, tips, etc. 41794.92	19. Local income tax 1472.53	20. Locality name NEW YORK			

Form W-2 Wage and Tax Statement **2020** Department of the Treasury - Internal Revenue Service

Note: Box 1, 3, 5, 16 and 18 (if applicable) contain the taxable wage for that jurisdiction, based on your earning and deduction types.

Here is an example of a 1099 Form:

CORRECTED (if checked)				OMB No. 1545-0115	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Quicoma and Dreams Inc. 123 Quicoma Lane St Helena, CA 94574 708-695-1000		1 Rents \$	2018		Miscellaneous Income
PAYER'S TIN 56-1900004		2 Royalties \$	Form 1099-MISC		
RECIPIENT'S TIN 111-22-3350		3 Other income \$	4 Federal income tax withheld \$	Copy 2 To be filed with recipient's state income tax return, when required.	
RECIPIENT'S name Gregson R Oretkovic Street address (including apt. no.) 824 Rolling Fane City or town, state or province, country, and ZIP or foreign postal code St Helena, CA 94574 Account number (see instructions)		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
FATCA filing requirement <input type="checkbox"/>		7 Nonemployee compensation \$ 2560.00	8 Substitute payments in lieu of dividends or interest \$		
11a Section 409A deferrals \$		11b Section 409A income \$	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 \$	
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$	11	12	
15a State tax withheld \$		15b State/Payer's state no. \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

Here is an example of an ACA Form:

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 for instructions and the latest information.		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		600117 OMB No. 1545-2251 2017										
Part I Employee				Applicable Large Employer Member (Employer)												
1 Name of employee Grayson H Cvetkovic		2 Social security number (SSN) 111-22-3350		7 Name of employer Unicorns and Dreams Inc.		8 Employer identification number (EIN) 56-1900004										
3 Street address (including apartment no.) 924 Rolling Pass				9 Street address (including room or suite no.) 123 Unicorn Lane		10 Contact telephone number 708-695-1000 x10										
4 City or town St Helena	5 State or province CA	6 Country and ZIP or foreign postal code US 94574		11 City or town St Helena	12 State or province CA	13 Country and ZIP or foreign postal code US 94574										
Part II Employee Offer of Coverage				Plan Start Month (Enter 2-digit number): 01												
14 Offer of Coverage (Enter required code) 1A		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)																
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																
18																
19																
20																
21																
22																

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No 60705M Form **1095-C** (2017)

Finally, here is an example of an ACA Form Correction:

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 for instructions and the latest information.		<input type="checkbox"/> VOID <input checked="" type="checkbox"/> CORRECTED		600120 OMB No. 1545-2251 2021									
Part I Employee				Applicable Large Employer Member (Employer)											
1 Name of employee (first name, middle initial, last name) Jan Zeus		2 Social security number (SSN) 132-45-6789		7 Name of employer ACA Print and File C Forms		8 Employer identification number (EIN) 12-3654789									
3 Street address (including apartment no.) 1904 Peacehaven Road				9 Street address (including room or suite no.) 1904 Peacehaven Road		10 Contact telephone number									
4 City or town WINSTON SALEM	5 State or province NC	6 Country and ZIP or foreign postal code US 27104		11 City or town Winston Salem	12 State or province NC	13 Country and ZIP or foreign postal code US 27104									
Part II Employee Offer of Coverage				Employee's Age on January 1		Plan Start Month (Enter 2-digit number): 01									
14 Offer of Coverage (enter required code) 1E		All 12 Months		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

The proper boxes will be completed based on your employer's offer of coverage.

Note: If you find any errors or omissions on any of these YE Forms, please contact your employer immediately.