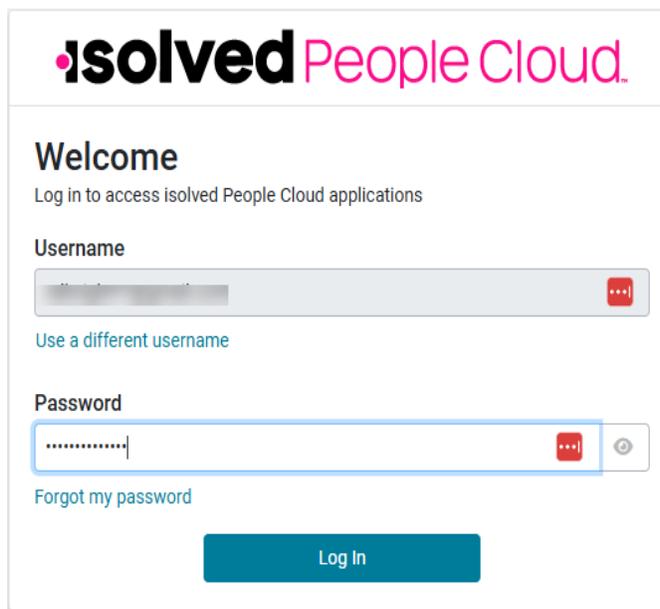


The purpose of this article is to review and explain what is found on your W-2/ACA/1099 Forms tab in Employee Self-Service.

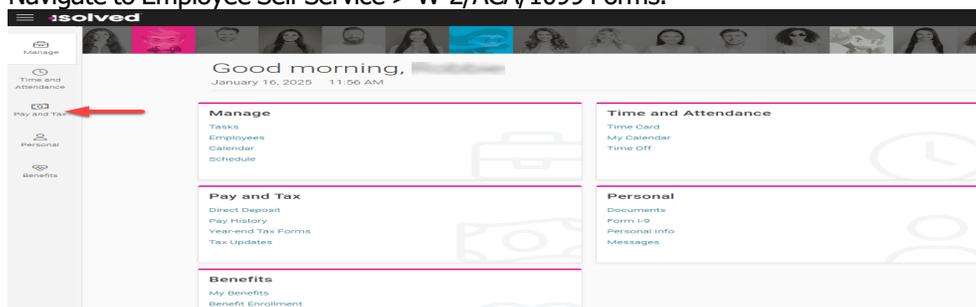
## Navigation

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.

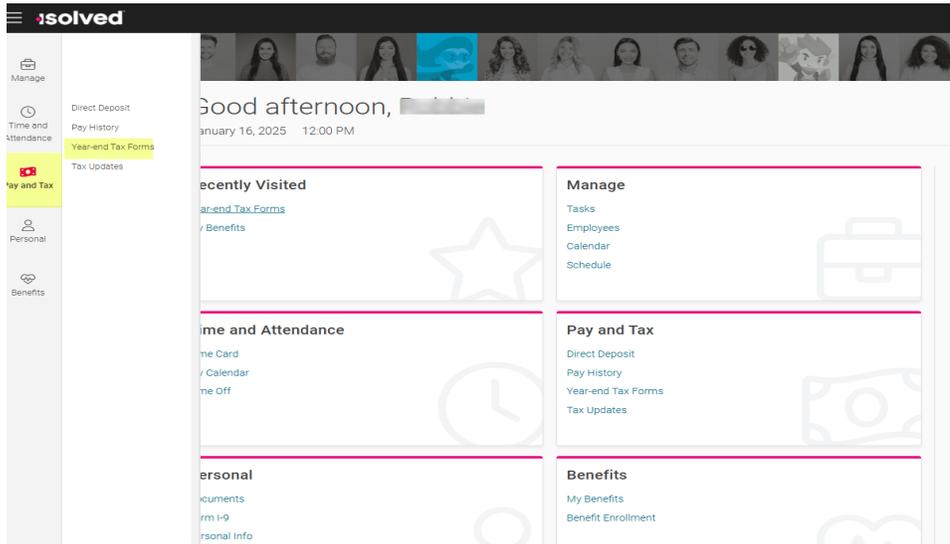
If you key an incorrect password five times, you will be locked out of the system. You will receive a message after each incorrect attempt indicating the remaining number of attempts. After the fifth incorrect attempt, you will be locked out of the system for 10 minutes. Once the 10 minutes has passed, 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.



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



Click on **Year End Tax Forms**.



## 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 31<sup>st</sup> 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.

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	<a href="#">View Document</a>	<a href="#">View Instructions</a>

**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 111-22-5559	1. Wages, tips, other compensation 41794.92	2. Federal income tax withheld 6315.35	b. Employer ID number (EIN) 56-0000000	3. Social security wages 43336.27	4. Social security tax withheld 2686.85
d. Control number JMM1000-1004	5. Medicare wages and tips 43336.27	6. Medicare tax withheld 628.38	c. Employer's name, address, and ZIP code Joan Test Company Inc 125 Broadway New York, NY 10019		
7. Social security tips			e. Employee's name, address, and ZIP code Daniel L Adams 2960 Lafayette Ave Bronx, NY 10465		
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 NYFFL 88.40 401k Loan 625.00	12b. Code DD 1061.04
15. State NY	16. State wages, tips, etc. 41794.92	17. State income tax 2157.39	18. Local wages, tips, etc. 41794.92		
Form W-2 Wage and Tax Statement 2020 Department of the Treasury - Internal Revenue Service			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:

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0115	
Osborna and Sreame Inc. 123 Osborn Lane St. Helena, CA 94574 708-895-1000		\$		2018 Form 1099-MISC Miscellaneous Income	
PAYER'S TIN 56-1900004		2 Royalties			
RECIPIENT'S TIN 111-22-3350		\$		Copy 2 To be filed with recipient's state income tax return, when required.	
RECIPIENT'S name Grayson R Cvetkovic		3 Other income			
Street address (including apt. no.) 924 Rolling Pass		\$		4 Federal income tax withheld	
City or town, state or province, country, and ZIP or foreign postal code St. Helena, CA 94574		7 Nonemployee compensation \$ 2560.00		\$	
Account number (see instructions)		8 Substitute payments in lieu of dividends or interest		\$	
FATCA filing requirement		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale		\$	
15a Section 409A deferrals		10 Crop insurance proceeds		\$	
15b Section 409A income		11		\$	
16 State tax withheld		12		\$	
\$		13 Excess golden parachute payments		\$	
\$		14 Gross proceeds paid to an attorney		\$	
17 State/Payer's state no.		18 State income		\$	
\$		\$		\$	

Here is an example of an ACA Form:

Form <b>1095-C</b> Department of the Treasury Internal Revenue Service		<b>Employer-Provided Health Insurance Offer and Coverage</b>				<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		<b>600117</b> OMB No. 1545-2251 <b>2017</b>								
<b>Part I Employee</b> 1 Name of employee <b>Grayson H Cvetkovic</b> 3 Street address (including apartment no.) <b>924 Rolling Pass</b> 4 City or town <b>St Helena</b> 5 State or province <b>CA</b> 6 Country and ZIP or foreign postal code <b>US 94574</b>		2 Social security number (SSN) <b>111-22-3350</b>		<b>Applicable Large Employer Member (Employer)</b> 7 Name of employer <b>Unicorns and Dreams Inc.</b> 9 Street address (including room or suite no.) <b>123 Unicorn Lane</b> 11 City or town <b>St Helena</b> 12 State or province <b>CA</b> 13 Country and ZIP or foreign postal code <b>US 94574</b>		8 Employer identification number (EIN) <b>56-1900004</b> 10 Contact telephone number <b>708-695-1000 x10</b>										
<b>Part II Employee Offer of Coverage</b> 14 Offer of Coverage (Enter required code) 1A		Plan Start Month (Enter 2-digit number): <b>01</b>														
15 Employee Required Contribution (see instructions) \$		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)																
<b>Part III Covered Individuals</b> 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 <b>1095-C</b> (2017)	

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

Form <b>1095-C</b> Department of the Treasury Internal Revenue Service		<b>Employer-Provided Health Insurance Offer and Coverage</b>				<input type="checkbox"/> VOID <input checked="" type="checkbox"/> <b>CORRECTED</b>		<b>600120</b> OMB No. 1545-2251 <b>2021</b>					
<b>Part I Employee</b> 1 Name of employee (first name, middle initial, last name) Jan Zeus 3 Street address (including apartment no.) 4 City or town <b>WINSTON SALEM</b> 5 State or province <b>NC</b> 6 Country and ZIP or foreign postal code <b>US 27104</b>		2 Social security number (SSN) <b>132-45-6789</b>		<b>Applicable Large Employer Member (Employer)</b> 7 Name of employer <b>ACA Print and File C Forms</b> 9 Street address (including room or suite no.) <b>1904 Peacehaven Road</b> 11 City or town <b>Winston Salem</b> 12 State or province <b>NC</b> 13 Country and ZIP or foreign postal code <b>US 27104</b>		8 Employer identification number (EIN) <b>12-3654789</b> 10 Contact telephone number							
<b>Part II Employee Offer of Coverage</b> 14 Offer of Coverage (enter required code) 1E		Employee's Age on January 1 Plan Start Month (Enter 2-digit number): <b>01</b>											
		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.