

### Help Docs 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.

Welcome			
Log in to access isolved Pe	ople Cloud applicatior	IS	
Username			
Use a different username			
Password			
			0
Forgot my password			

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

Deand	Good morning, January 16, 2025 11:56 AM	
dance	Manage Tasks Employees	Time and Attendance Time Card My Calendar
ional Perita	Calendar Schedule	
	Direct Deposit Pay History Year-end Tax Forms Tax Updates	Personal Info Messages

Click on Year End Tax Forms.

#### W-2/ACA/1099 Forms Employee Self-Service

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## Help Docs



## 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:
  - o W-2/1099
  - o 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 <u>Year-end Electronic Tax Form Consent</u> article in the University Library.

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

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W-2/ACA/1099 Forms Employee Self-Service

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 B1 This information	to Be Filed With Emp	he Internal Revenue	AL Tax Return		OMB No. 1545-0008	Copy 2 or Local	To Be Filed With Em Income Tax Return	ployee's State,	City,		OMB No.	1545-0008	
a. Employe	e's social security number 22 – 5559	1. Wages, Sps, o	other compensation 41794.92	2. Fed	eral income tax withheid 6315.35	a. Employe 111-	e's social security number 22-5559	dion 2.Fe 92	2. Federal income tax withheld 6315.35				
b. Employ 56-00	er ID number (EIN)	3. Social security wages 43336.27		4. Soc	cial security tax withheld 2686.85	b. Employ 56-0	ver ID number (EIN)	3. Social se	43336.	4. S	ocial security t	ax withheld 2686.85	
d. Control JMM1000	number 0-1004	5. Medicare v	wages and tips 43336.27	6. Me	dicare tax withheld 628.38	d. Contro JMM100	Inumber 0-1004	5. Medicare	5. Medicare wages and tips 43336.27			628.38	
c. Employ Joan T 125 Br New Yo	er's name, address, an est Company Ir oadway rk, NY 10019	nd ZIP code				c. Employ Joan 125 B: New Yo	yer's name, address, a Test Company I roadway ork, NY 10019	ind ZIP code					
Dani 2960 Bron	ee's name, address, a el L Adams Lafayette Ave x, NY 10465	and ZIP code				e. Employ Danie 2960 Brony	yee's name, address, a cl L Adams Lafayette Ave c, NY 10465	and ZIP code					
7. Social s	ecurity tips	8. Allocated tips		9.		7. Social	security tips	8. Allocated tip	os	9	•		
10. Depen	dent care benefits	11. Nonqualified	i plans	12:	12a. Code See inst. for Box 12 D 1541.35				ed plans	1	12a. Code See inst. for Box 12 D 1541.3		
13. Statute	ory employee	14. Other NYSDI 18.00 NYPFL 88.40		121	DD 1061.04	13. Statu	tory employee	14. Other NYSDI 18.0 NYPFL 88.4	0	1	2b. Code DD	1061.04	
Ret	irement plan Y	401k Loan 62	25.00	120	. Code	Re	tirement plan	401k Loan	625.00	1	2c. Code		
Third	party sick pay			120	i. Code	Thin	d-party sick pay	1		1	2d. Code		
15. State NY	Employer's state ID 560000000	number	16. State wage	s, tips, etc. 1794.92	17.State income tax 2157.39	15. State NY	Employer's state IE 560000000	number	16. State wa	ges, tips, etc 41794.92	. 17.State inc	ome tax 2157.3	
18. Local	wages, tips, etc. 41794.92	19. Local income	tax 20 1472.53 N	EW YORK	ame	18. Local	wages, tips, etc. 41794.92	19. Local incor	me tax 1472.53	20. Locality NEW YOR	name K		

**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, sheet address, city or k or lowign postal code, and telephone no	wm, atalie or provi	nce, country, 21P	1 Rents \$	OMB No. 1545-0115	Miscellaneous				
123 Unicorn Lane			2 Royalties	2018	Income				
St Helene, CA 94574			\$	Form 1099-MISC					
105+695+1000			3 Other income	4 Federal income tax withheld	Conv 2				
			s	\$	To be filed with				
PAYER'S TIN 56-1900004	RECIPIEN 111-	-22-3350	5 Fishing boat proceeds \$	6 Medical and health care payments	recipient's state income tax return, when required				
RECIPIENTS marma Szayaca H Cwetkovic			7 Nonemployee compensation \$ 2560.00	Substitute payments in lieu of dividends or interest \$					
Street address (including apt. no.) 924 Rolling Pass			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	10 Crop insurance proceeds					
City or lown, state or province, country, a St. Belena CA US 94574	nd ZIP or foreign	postal code	11	12					
Account number (see instructions)	1	FATCA filing requirement	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney					
15a Section 409A deferrals	15b Sec	tion 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income				
\$	\$		\$	+	\$				

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### Help Docs

Here is an example of an ACA Form:

Department of the	Treasury			Do not attach to your tax return. Keep for your records.												OMB No. 1545-2251					
Internal Nevenue (	> Go to www.irs.gov/Form1095C for instructions an									d the latest information.								2017			
Part I Emplo	yee									Applic	able La	arge Er	nployer	Mem	ber (Er	nployer	r)				
1 Name of employee 2 Social security number (SSN) Gravson H Cvetkovic 111-22-3350								7 Name of employer Unicorns and Dreams Inc. 8 Employer 56-1900								dentificati	ion numb	er (EIN)			
3 Street address (including apartment no.) 924 Rolling Pass								9 Street a 123 Un	ddress (i icorn L	ncluding ane	room or	suite no	2.)	10 C 708	-695-10	lephone 00 x10	number				
4 City or town		5 State or pro	ovince	6 Country an	d ZIP or fo	reign postal	code	11 City of	town		12	State or	province	13 C	ountry a	nd ZIP or	r foreign	postal co			
St Helena		CA		US 94574				St Hele	na		CA			US	94574						
Part II Emplo	yee Offer	of Coverag	je					Plan S	tart Mo	onth (Er	ter 2-d	ligit nu	mber):	-	01						
4 Offer of	All 12 Mont	hs Jan	Feb	Mar	A	ypr 🛛	May	June	-	July	Au	g	Sept	0	Oct	Nov	D	sc.			
equired code)	1A																				
5 Employee Required Contribution (see Instructions)	s	s	\$	s	\$	\$		\$	\$		\$		\$	\$		s	s				
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)																					
Part III Cove	player provid	iduals ted self-insure	d coverage	check the b	x and ente	er the inform	ation fo	r each ind	vidual er	nrolled in	coverag	e, includ	ting the e	mploye	e. [						
(a) Name of cove	ered individu	al(s) (b) S	SSN or other	IN (c) DOI	B (If SSN	(d) Covere	ed					e) Mont	hs of Cov	erage							
				not at	railable)	months		an Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
17				_			-		-	_				_			-	-			
18									_	$\vdash$			$ \square$								
19																					
20																					
21																					

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

En 109	5-C			E	mployer	lover-Provided Health Insurance Offer and Coverage						0	OMB No.	6001. OMB No. 1545-2251		
Department of the Treasury Internal Revenue Service					>Go to	> Do not attach www.its.gov/for	to your tax or w1096C for a	turn. Keep for you structions and the	ur records. Latest inform	ation.		RECTED	2021			
Parti Emp	loyee								Applic	able Large	Employer	Member (Emp	sloyer)			
1 Name of employ Jan	vee (first name	(first name, middle initial, last name) 2 Social security number (SSN) Zevis 132-45-6789							oyer File C Forms			8 Employer identification number (EIN) 12-3654789				
3 Street address	including apar	tment na )						9 Street addrest 1904 Peacehav	s (including n ren Road	oom or suite no	)	10 Contact tellep	hone number	9		
4 City or town WINSTON SALE	M	5 State or prov NC	noe	6 Cour	ttry and ZIP 17104	or foreign post	ali code	11 City or town Winston Salem	2 13	12 State or p NC	vovince	13 Country and ZIP or foreign postal code US 27104				
Part II Emp	loyee Offer	of Coverag	•			Employee	's Age or	January 1		Plan Start	Month (E	nter 2-digit nun	nber): 01			
Sec	All 12 Mon	ths Jan	Ĥ	0	Mar	Apr	May	June	Jdy	Aug	Sept	Od	Nov	Dec		
14 Offer of Coverage (enter required code)	1E															

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.