

NJ-1095

Health Coverage

 VOID CORRECTED

2021

u Do not attach to your tax return. Keep for your records. [See Instructions](#)Part I **Responsible Individual** (Examples: Covered employee, purchaser of policy. [See instructions](#) for more detail.)

1 Name of responsible individual-First name, middle name, last name		2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
8 Enter letter Identifying Origin of the Health Coverage (see instructions for codes): . . . u <input type="checkbox"/>			9 Reserved

Part II **Information About Certain Employer-Sponsored Coverage** ([see instructions](#))

10 Employer name			11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Issuer or Other Coverage Provider ([see instructions](#))

16 Name		17 Employer identification number (EIN)	18 Contact telephone number
19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code

Part III **Covered Individuals** (Enter the information for each covered individual.)

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN not available)	(d) Covered all 12 months	(e) Months of coverage												Add Row	Remove Row	
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Instructions

New Jersey accepts fillable Form NJ-1095 for **all** 1095 filings for the 2021 Tax Year - regardless of federal IRS requirements. Filers of **100** or more forms must use the MFT SecureTransport system. (See <https://nj.gov/treasury/njhealthinsurancemandate/employers.shtml#link1>) For complete State requirements on what forms should be filed and deadlines for filing using the MFT system, see <https://nj.gov/treasury/njhealthinsurancemandate/employers.shtml>.