```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
     IN95                      ** 1095B INQUIRY MENU **                XXX – MM/DD/YYYY
                                                                                  Line 1
                                                                                    2
                                                                                    3
                                                                                    4
                                                                                    5
                                                                                    6
                                                                                    7
                                                                                    8
                                                                                    9
            CLIENT IDENTIFICATION:  _________                                      10
                                                                                   11
            TAX YEAR:               ____                                           12
                                                                                   13
                                                                                   14
                                                                                   15
                                                                                   16
                                                                                   17
                                                                                   18
                                                                                   19
                                                                                   20
                                                                                   21
                                                                                   22
                                                                                   23
                                                                                   24
```

CLIENT ID (REQUIRED)

(1)	CIN	Client Index Number
(2)	MEDS-ID	SSN or MEDS assigned pseudo number

TAX YEAR (OPTIONAL)

The 1095B Summary screen layout and a description of the data elements are provided below:

```
----+----1----+----2----+----3----+----4----+----5----+----6----+----7----+----8
     IN95                      ** 1095B SUMMARY SCREEN **            XXX – MM/DD/YYYY   Line 1
                                                                                        2
                                                                                        3
                                                                                        4
                                                                                        5
TAX YEAR ORIG/CORR PROCESS DATE  CIN     MEDS-ID  LAST NAME   FIRST NAME       DOB     6
                                                                                        7
_1   2       3          4          5         6     7             8              9      8
                                                                                        9
_                                                                                       10
                                                                                        11
_                                                                                       12
                                                                                        13
_                                                                                       14
                                                                                        15
_                                                                                       16
                                                                                        17
                                                                                        18
                                                                                        19
                                                                                        20
                                                                                        21
                                                                                        22
                                                                                        23
                                                                                        24
   SEARCH CIN:  (8)                                  01 TO 01 OF 01 RECORD(S)

* F3=EXIT; ENTER “S” FOR INQUIRY DETAIL
```

The 1095B Detail screen layout and a description of the data elements are provided below.

```
 IN95            ** IRS 1095B DETAIL / REPRINT IRS **     XXX - MM/DD/YYYY


TAX YEAR ____   MEDS-ID/CIN _________            REPRINT ONLY     Y
                                                 OVERRIDE ADDRESS
FIRST NAME                   LAST NAME
BIRTHDATE

1095 ADDRESS:  C/O
           STREET
             CITY                        STATE           ZIP-CODE


    MONTH:  01   02   03   04   05   06   07   08   09   10   11   12

    MEC:     _    _    _    _    _    _    _    _    _    _    _    _

    AID CD: __   __   __   __   __   __   __   __   __   __   __   __
    ESC:   ___  ___  ___  ___  ___  ___  ___  ___  ___  ___  ___  ___

INQUIRY USING TAX YAR AND CLIENT ID WILL BRING PRIOR 1095 BACK.
UPDATE REPRINT FLAG TO "Y" IF CLIENT NEEDS 1095 REPRINTED.
UPDATE ADDRESS OVERRIDE TO "Y" IF OVERRIDING CURRENT MEDS ADDRESS.
```