

Mississippi Department of Finance Administration  
Agency Approval for ACA Remittance to Employees and IRS  
Calendar Year 2019

Your agency selected to participate in the Department of Finance and Administration (DFA) central process for Affordable Care Act reporting for Calendar Year 2019. DFA has provided files via this MRTL task for your agency to review, update and provide corrections to DFA. If no corrections are necessary then your agency must only submit this form. Agencies must submit the form via your agencies MRTL task and corrected file(s) if applicable by 4:00pm on **January 22, 2020** or your agency will not be included.

Our agency determined **NO** corrections or adjustments are required to our file(s).

**OR**

Our agency determined **YES** corrections or adjustments are required and we have uploaded our revised file(s).

I, \_\_\_\_\_ (Agency Accounting Director OR Human Resource Director), certify the designated responsible parties for my agency have reviewed and deem the information complete and correct to the best of our knowledge. I further acknowledge my agency is responsible for all fines associated with failure to meet deadlines and ensure data validity. **DFA is not responsible** for the information contained in the file, fines associated with late filing or non-compliance with ACA regulations.

\_\_\_\_\_  
Agency Name (print or type your agency name)

\_\_\_\_\_  
SPAHRs Agency Number(s) (please separate multiple agency numbers with commas)

\_\_\_\_\_  
Agency Accounting Director OR Human Resource Director (print name & title)

\_\_\_\_\_  
Agency Accounting Director OR Human Resource Director (signature)

\_\_\_\_\_  
Date of Signature