Form **1095-C**Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

VOID
CORRECTED

600120 OMB No. 1545-2251 **2020**

▶ Do not attach to your tax return. Keep for your records.

► Go to www.irs.gov/Form1095C for instructions and the latest information

February 4, 2021

Cincinnati Sub-Zero Products Inc. 12011 Mosteller Rd. Cincinnati, OH 45241-1528

PART I Employee			Applicable Large Employer Member (Employer)							
1 Name of Employee		2 Social security number (SSN)	Social security number (SSN) 7 Name of employer							
Azharuddin Mohammed		***-**-9523	Cincinnati Sub-Zero Products Inc. 31-0259877							
3 Street Address (including apartment no)		<u>.</u>	9 Street address (including room or suite no.)		10 Contact Telephone number					
351 Firwood Dr Apt 3B			12011 Mosteller Rd.	513-326-5840						
4 City or town	5 State or province	6 Country and Zip or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code					
Dayton	OH	45419	Cincinnati	ОН	45241-1528					

PART II Employee Offer and Coverage					Employee's Age on January 1: 25				Plan Start Month(enter 2-digit number): 01				
14 Offer of Coverage (enter required code)	All 12 Months	January 1H	February 1E	March	April 1E	May 1E	June 1E	July	August 1E	September 1E	October 1E	November 1E	December 1E
								1E					
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$	\$ 68.91	\$ 68.91	\$ 68.91	\$ 68.91	\$68.91	\$ 68.91	\$ 68.91	\$68.91	\$ 68.91	\$ 68.91	\$ 68.91
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

Azharuddin Mohammed 351 Firwood Dr Apt 3B Dayton, OH 45419

(a) Name of covered individual(s)	(b) SSN	If Employer provid (c) DOB (if SSN is Not available)	(d) Covered all 12 months	Jan	Feb	Mar	Apr	May	(e) Months of June	f Coverage July	Aug	Sep	Oct	Nov	Dec
3		110t available)	an 12 monus												
Azharuddin Mohammed	***-**-9523				•			✓		✓				✓	/

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions

Cat. No. 60705M

Form **1095-C** (2020)

