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

Employer-Provided Health Insurance Offer and Coverage

- ▶ Do not attach to your tax return. Keep for your records.
- ► Go to www.irs.gov/Form1095C for instructions and the latest information



January 19, 2022

PART I Employee							Applicable Large Employer Member (Employer)										
1 Name of Employee	ocial security num	7 Name of	employer	8 Employ	8 Employer identification number (EIN)												
Mohammed Majid Hussain	***	-**-0181		IET Inc		34-165	34-1650818										
3 Street Address (including apartment no)							dress (including r	oom or suite no.))		10 Contac	10 Contact Telephone number					
32252 W. 12 Mile Rd.						3539 GI	endale Ave	419-38	419-385-1233								
4 City or town	5 State or province 6 Country and Zip or foreign postal code					11 City or to	own		12 State or province	e 13 Country and ZIP or foreign postal code							
Farmington Hills	MI 48334					Toledo			ОН	43614							
PART II Employee Offer a	nd Covera	ge			Employe	e's Age on	January 1	: 29	Plan	Start Month(en	ter 2-digit r	number): 01					
14 Offer of Coverage	All 12 Months	January	February	March	April	Мау	June	July	Augu	st September	October	November	Decemb				
(enter required code)		1E	1E	1E	1H	1H	1H	1H	1H	1H	1H	1H	1H				
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$ 228.57	\$ 228.57	\$ 228.57	\$	\$	\$	\$	\$	\$	\$	\$	\$				
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2F	2F	2F	2A	2A	2A	2A	2A	2A	2A	2A	2A				

Mohammed Majid Hussain 32252 W. 12 Mile Rd. Farmington Hills, MI 48334

PART III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is Not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
18															

IET Inc 3539 Glendale Ave

Toledo, OH 43614

For Privacy Act and Paperwork Reduction Act Notic	ce, see separate instructions	Cat. No. 607	'05M				Form	1095-C	(2021)
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