

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.

VOID
 CORRECTED

OMB No. 1545-2251 **600120**
2023

Part I Employee		2 Social security number (SSN) ***-**-9417	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 38-0549190
1 Name of employee (first name, middle initial, last name) FIRDOUS F SHAIKH			7 Name of employer FORD MOTOR COMPANY		
3 Street address (including apartment no.) 50598 AMBERWOOD ROAD			9 Street address (including room or suite no.) ONE AMERICAN ROAD TAX OFFICE ROOM 612		10 Contact telephone number 800-248-4444
4 City or town CANTON	5 State or province MI	6 Country and ZIP or foreign postal code 48188	11 City or town DEARBORN	12 State or province MI	13 Country and ZIP or foreign postal code 48126

Part II Employee Offer of Coverage		Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01					
14 Offer of Coverage (enter required code)		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
			1A	1A	1A	1A	1A	1A	1A	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)			2C	2C	2C	2C	2C	2C	2C	2A	2A	2A	2A	2A
17 ZIP Code														

Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>															
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18 FIRDOUS F SHAIKH	***-**-9417			X	X	X	X	X	X	X	X	X	X	X	
19 AALIYAH M FAYAJ		2023-04-14				X	X	X	X	X	X	X	X	X	
20 MOHAMMED FAYAJ NVAZ	***-**-4784			X	X	X	X	X	X	X	X	X	X	X	
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