

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. 1545-0047 **600320**
2023

Part I Employee		2 Social security number (SSN) ***-**-7420		Applicable Large Employer Member (Employer)		3 Employer identification number (EIN) 38-0549190	
1 Name of employee (first name, middle initial, last name) DARSHANA N BAVISKAR				7 Name of employer FORD MOTOR COMPANY			
3 Street address (including apartment no.) 36975 CHESTNUT DRIVE				9 Street address (including room or suite no.) ONE AMERICAN ROAD TAX OFFICE ROOM 612			
4 City or town WESTLAND		5 State or province MT		6 Country and ZIP or foreign postal code 48185		11 City or town DEARBORN	
						12 State or province MT	
						13 Country and ZIP or foreign postal code 48126	

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)												17 ZIP Code	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		Dec
		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

18 (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	
DARSHANA N BAVISKAR	***-**-7420			X	X	X	X	X	X	X	X	X	X	X	X	X
AAHANA N VETALE	***-**-0061			X	X	X	X	X	X	X	X	X	X	X	X	X
LUV N VETALE	***-**-7131			X	X	X	X	X	X	X	X	X	X	X	X	X
NILESH G VETALE	***-**-9454			X	X	X	X	X	X	X	X	X	X	X	X	X
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