

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
 CORRECTED

600120
 OMB No. 1545-2251

2023

Part I Employee

1 Name of employee (first name, middle initial, last name) Muqthadir Ahmed Mohammed		2 Social security number (SSN) XXX-XX-7057
3 Street address (including apartment no.) 7903 N Glen Dr APT 3004		
4 City or town IRVING	5 State or province TX	6 Country and ZIP or foreign postal code 75063

Part II Employee Offer and Coverage

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

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) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18				<input type="checkbox"/>
19				<input type="checkbox"/>
20				<input type="checkbox"/>
21				<input type="checkbox"/>
22				<input type="checkbox"/>
23				<input type="checkbox"/>

Applicable Large Employer Member (Employer)

7 Name of employer BBB Industries LLC		8 Employer Identification Number (EIN) 20-1837357
9 Street address (including room or suite no.) 29627 Renaissance Blvd		10 Contact Telephone Number (251) 438-2737
11 City or town Daphne	12 State or province AL	13 Country and ZIP or foreign postal code 36526

Employee's Age on January 1: Plan Start Month: 01

June	July	Aug	Sept	Oct	Nov	Dec

(e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Form **1095-C** (2023)

32198 7284 **1095-C**
 Muqthadir Ahmed Mohammed
 7903 N Glen Dr APT 3004
 IRVING, TX 75063

BBB Industries LLC
 29627 Renaissance Blvd
 Daphne, AL 36526