

1095-C Processing Request Form

MAIL TO: Delaware PHRST
802 Silver Lake Blvd
Suite 200
Dover, DE 19904
SLC – D620

Date of Request: _____

There is a **\$5.00** administrative fee **for each tax year** for processing a 1095-C duplication. Checks should be made payable to the **State of Delaware**.

1095-C documents were issued for the first time for Tax Year 2015. Only requests for Tax Year 2015 or greater can be honored.

Please reissue my employee Form 1095-C for tax year(s) _____

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____

Email Address: _____

Social Security Number: _____

ADDRESS MUST BE THE CURRENT EMPLOYEE ADDRESS IN PHRST

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

EMPLOYER INFORMATION

Organization Name: _____ Department ID: _____

Building Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ SLC: _____

Phone: _____ Organization Representative: _____

The 1095-C is requested for the following reason (Check One):

____ Never Received ____ Misplaced or Destroyed

SIGNATURE OF EMPLOYEE: _____

----- FOR PHRST USE ONLY -----

PAYMENT: CHECK MONEY ORDER CASH

Duplication Re-mailed Original Date: _____

Comments: _____