

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 processing a 1095-C duplication. Checks should be made payable to the **State of Delaware**.

Please reissue my employee Form 1095-C for tax year 2015.

EMPLOYEE INFORMATION

Employee Name:

Employee ID:

Email Address (additional communication if required):

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**

Duplication Re-mailed Original Date:

Comments: