

1095-C Processing Request Form

Instruction for Organization Representatives

Send Duplicate Requests via Email To:
PHRST_YearEndFormduplications@delaware.gov

Remit Payments via Inter-state Mail To:
Delaware PHRST
SLC D620

There is a **\$5.00** administrative fee **for each tax year**. Checks should be made payable to the **State of Delaware**. Please submit only one form and payment for multiple year requests.

Reminder: 1095-C documents were issued for the first time for tax year 2015, however they were not available electronically until tax year 2016. Active employees must access 1095-C's for tax years 2016 and greater on-line through Employee Self-Service. **Requests for these duplicates will not be accepted.**

PHRST must reflect the current employee address prior to submission of this form.

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

EMPLOYEE INFORMATION (Completed by employee and returned to employer)

Employee Name:

Employee ID or Social Security Number:

Street Address:

City:

State:

Zip Code:

Phone:

Email Address:

SIGNATURE OF EMPLOYEE: _____ **DATE:** _____

EMPLOYER INFORMATION (Completed by employer and returned to PHRST)

Organization Name:

Department ID:

Representative Name:

Representative Email Address:

Note: Duplicate will be emailed to the agency representative. If initialed here, it will be mailed to the address in PHRST: _____

Phone:

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

PAYMENT: **CHECK** **MONEY ORDER** **CASH** Date Payment Received: _____

Date Received: _____ **Date Completed:** _____

Comments: _____