

# W-2/1095-C Change of Address Form

<b>Return this form to your Organization's Human Resource or Payroll Office</b>	<b>Organization:</b>		
	<b>Building:</b>		
	<b>Street Address:</b>		
	<b>City:</b>	<b>State: DE</b>	<b>Zip:</b>
	<b>Phone:</b>		

**I no longer work for the State of Delaware. Please change my address for W-2 and/or 1095-C mailing purposes.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Employee Information</b>	
Employee Name:	
Social Security Number:	

<b>Employee Previous Mailing Address</b>		
Street Address:		
City:	State:	Zip:

<b>Employee Current Mailing Address</b>		
Street Address:		
City:	State:	Zip:
Phone number where you can be reached during the day:		

\*\*\*\*\* **Department Use Only** \*\*\*\*\*