



# State of Idaho Duplicate Form 1095-C Request

*Request a copy of Form 1095-C, Employer Provided Health Insurance Offer and Coverage.*

## **Section A – Tax Year(s) Requested**

Circle Year(s) Requested: **2015**

## **Section B – Personal Information**

Social Security Number: \_\_\_\_\_

Name and Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

## **Section C – Fee** - The fee for a duplicate form 1095-C has been temporarily waived

*There is a ~~\$5.00~~ processing fee for each tax year requested.*

*Check or money order should be payable to ~~State Controller's Office~~*

Circle Amount Enclosed: ~~\$5.00 \$10.00 \$15.00 \$20.00 \$25.00~~

## **Section D – Signature**

Employee Authorizing Signature: \_\_\_\_\_

**Send Completed Form To:**

**Idaho State Controller's Office  
Attn: W-2 Request  
P.O. Box 83720  
Boise, ID 83720-0011**