



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: **2023** **2022** **2021** **2020** **2019**

Section B – Personal Information

Social Security Number: _____

Name and Mailing Address: _____

Daytime Phone Number: _____

Section C – Fee

*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**