



# 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:      2025   2024   2023   2022   2021

## **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**