

W2/1095-C Request Form

TAX YEAR(S) REQUESTED	Branch/Location in which you were registered (I.E.–Las Vegas/NV)		
TAX FORM(S) REQUESTED Please check form(s) needed			
<input type="checkbox"/> W-2 Wage and Tax Statement <input type="checkbox"/> 1095-C Employer Provided Health Insurance Offer and Coverage			
EMPLOYEE NAME (Last, First, Middle Initial)		Social Security Number	
		- -	
EMPLOYEE CURRENT MAILING ADDRESS (where forms will be sent) Street Address (Street Address, Apt#)		Home Telephone () -	
City	State	Zip Code	Work Telephone () - Ext.
PLEASE NOTE: It takes approximately 7-10 business days before your request will be processed. You will be notified if we are unable to accommodate your request for any reason. Please refrain from calling, as this will only slow down the process.			
How would you like to receive your W2/1095-C? Please check one of the following: <input type="checkbox"/> MAIL: I HEREBY AUTHORIZE _____ TO RELEASE A COPY OF MY W-2/1095-C FORM TO THE MAILING ADDRESS INDICATED ABOVE. <input type="checkbox"/> INTEROFFICE: I HEREBY AUTHORIZE _____ TO RELEASE A COPY OF MY W-2/1095-C FORM TO THE FOLLOWING BRANCH/LOCATION: _____			
Signature		Date	

Please leave your completed form with the nearest office or mail directly to:

P.O. Box 29048
 Glendale, CA. 91209-9048
 Attn: W2 Request Department

CORPORATE USE ONLY	
Request Received	
Action Taken	
<input type="checkbox"/> W2 Mailed <input type="checkbox"/> Interofficed	
<input type="checkbox"/> W2 Not Found for year requested <input type="checkbox"/> 1095-C not found for year requested	
<input type="checkbox"/> W2C Needed <input type="checkbox"/> Corrected 1095-C Needed	
Processed by	
Date Processed	