

Annual Tax Forms Reprint Request

EEID: _____

Date: _____

Employee Name: _____

Employee ID# (if known): _____ Phone #: _____

Department: _____

Form(s): W-2 1095-C

Year(s): 2025 2024 2023 2022 2021 Other: _____

Former Address:

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

New Address: _____ (New address must match driver license or ID. Copy of driver license or ID is required for address change)

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Distribution:

- Pick Up (ID must be shown to pick up)
- US Mail (will be mailed to address on driver license or ID)
- Email _____ (will be sent securely)

By signing below, you are hereby giving authorization for the Human Resources Department to process the requested information above. Please allow up to five (5) business days for your request to be processed.

Employee Signature: _____ Date: _____

Please email this form to HumanResources@ocfl.net along with a copy of your driver license or ID card.

For Human Resources Use Only

HR Received: _____

Received By: _____

Address Updated: _____

Updated By: _____

Duplicate form(s) re-printed: _____

Printed By: _____

