

# Palo Pinto County

## Auditor's Office

PO Box 159 / 520 Oak St.

Palo Pinto, Texas 76484



### FORM 1095-C REQUEST FORM

Name (Print): \_\_\_\_\_

Tax Year Requested: \_\_\_\_\_

Contact Information (where we can reach you during the day):

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

I request that Form 1095-C be delivered to my physical address or email address as designated below. If I designated my email address, I consent to receive an electronic copy of the Form 1095-C.

Physical Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Email Address (as listed above)

I hereby request the County of Santa Clara to provide a copy of my Form 1095-C for the tax year listed above. I understand that the request for Form 1095-C may take up to ten business days to process plus USPS delivery time.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send the completed request form to the Employee Benefits Department by email at [Auditors@co.palo-pinto.tx.us](mailto:Auditors@co.palo-pinto.tx.us)

Employee Benefits Department Use Only

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_