

Oregon Freeze Dry
Human Resources
525 25th Ave SW
Albany, OR 97321



FORM 1095-C REQUEST FORM

Name (Print): _____ Employee ID: _____

Tax Year Requested: _____

Contact Information:

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 Oregon Freeze Dry 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 Human Resources hr@ofd.com.

Human Resources Department Use Only

Completed By: _____ Date: _____