GONZALES COUNTY 1095-C FORM REQUEST

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

HOW WOULD YOU LIKE THE FORM SENT TO YOU? SELECT ONE

_____ ***EMAIL*** _____ ***MAIL***

PLEASE REVIEW THE INFORMATION YOU ENTERED ABOVE. IS EVERYTHING CORRECT?

_____ ***YES – EVERYTHING IS CORRECT***