

STATE OF WISCONSIN – 1095-B

PO BOX 5236

JANESVILLE WI 53547 5236

**1095B Duplicate Cover Letter Only –
The original 1095-B letter and form will be attached.**

Mailing Date: MM/DD/YYYY

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[MEMBER NAME]

[STREET]

[CITY], WI

[ZIP CODE]



State of Wisconsin

ID #: XXXXXXXXXXXX

1095-B Form Assistance

Phone: 1-866-667-9419



DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-866-667-9419. These services are free.

Important Tax Information

You asked us to send the enclosed copy of IRS 1095-B form for [MEMBER NAME].

Refer to the instructions on the back of the 1095-B form for information about using this 1095-B form to complete your tax return. Be sure to keep the form with your other important tax documents. You can also get additional information about this form by visiting irs.gov or contacting a tax professional.

If you have questions about the health care coverage listed on the 1095-B form, please call 1-866-667-9419.

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