



2014 CDC+ Corrected W-2/1099 Request Form

Personal Information

1. Consumer Name: _____
2. Consumer #: _____
3. Provider Name: _____
4. Provider #: _____
5. Provider Contact Phone: _____

Provider is Requesting a Corrected W-2.
2014 Wage and Tax Statement (**Form W-2**) for the following employee

Provider is Requesting a Corrected 1099-MISC.
2014 Miscellaneous (Self-Employment) Income (**Form 1099-MISC**) for the following contractor

Reason for W-2(c)/corrected 1099-MiscRequest:

Incorrect Name
Correct name: _____
Verification of Name: _____
Check and Provide at least One Verification source:
 Driver's License Social Security Card Court Documents Other: _____

Incorrect Wages/Pay Information
Correct wages/pay: _____
Copies of all timesheets/invoices for 2014 MUST be included.

Incorrect Social Security Number
Correct SS # _____
Check and Provide at least One Verification source:
 Social Security Card or Other: _____
(To be completed by CDC+ Finance) Verification source (Correct in Provider paperwork and mis-keyed) Yes or No

Certification Statement

Under penalty of perjury, I confirm that the above information is true and correct.

Signed: _____ Print Name: _____

Date: _____

Finance Authorization Name & Date _____

*****Please FAX form back to 1-888-329-2731*****