



# 2015 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.**  
2015 Wage and Tax Statement (**Form W-2**) for the following employee

**Provider is Requesting a Corrected 1099-MISC.**  
2015 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:  
 Drivers License  Social Security Card  Court Documents  Other: \_\_\_\_\_

**Incorrect Wages/Pay Information**  
Correct wages/pay: \_\_\_\_\_  
**Copies of all timesheets/invoices for 2015 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\*\*\***