



# 2013 CDC+ Duplicate W-2/1099 Request Form

Date of Request: \_\_\_\_\_

## Request For IRS Form W-2 or 1099

2013 Wage and Tax Statement (**Form W-2**) for the following employee

2013 Miscellaneous (Self-Employment) Income (**Form 1099-MISC**) for the following contractor

## Personal Information

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

## Reason requested

The Form W-2/1099 is requested for the following reason:

- Never Received
- Misplaced or Destroyed
- Incorrect Address (see below – If provider is a current provider, a new W-4 OR W-9 MUST be present.)

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(To Be Completed by CDC+ Finance) Date New W4/I-9 Sent to CDC+ Finance \_\_\_\_\_

## **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\*\*\***