



2020 CDC+ Duplicate W-2/1099 Request Form

Date of Request: _____

Request For IRS Form W-2 or 1099

2020 Wage and Tax Statement (Form W-2) for the following employee

2020 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 2021 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 or email to apd.cdc.documents@apdcares.org*****