



# 2022 CDC+ Duplicate W-2/1099 Request Form

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

## Request For IRS Form W-2 or 1099

2022 Wage and Tax Statement (**Form W-2**) for the following employee  
{ }

2022 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 2023 W-4 OR W-9 MUST be present.)

**Section below must be completed for processing, if not completed it will delay processing of your request.**

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 note CDC+ can't fax or email your W2s and/or 1099s.**

**\*\*\*Please FAX form back to 850-487-1903 or email to [cdc.reimbursement@apdcares.org](mailto:cdc.reimbursement@apdcares.org)\*\*\***