



# 2023 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.**

2023 Wage and Tax Statement (**Form W-2**) for the following employee

### **Provider is Requesting a Corrected 1099-MISC.**

2023 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 2022 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 850-487-1903 or email to [cdc.reimbursement@apdcares.org](mailto:cdc.reimbursement@apdcares.org)\*\*\***