

# 2009 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.  
2009 Wage and Tax Statement (Form W-2) for the following employee

Provider is Requesting a Corrected 1099-MISC.  
2009 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 2009 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) 413-9561\*\*\***