



2024 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.

2024 Wage and Tax Statement (**Form W-2**) for the following employee

Provider is Requesting a Corrected 1099-MISC.

2024 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***