



2024 CDC+ Duplicate W-2/1099 Request Form

Date of Request: _____

Request For IRS Form W-2 or 1099

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

2024 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 2025 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*****