W-2/1099R REQUEST FORM

MAIL REQUEST TO:
City of Lincoln
Finance Department/Payroll
555 South 10th St Rm 103
Lincoln NE 68508

PLEASE REISSUE (check one):
___Wage & Tax Statement (Form W-2)
___Form 1099R

TAX YEAR NEEDED (circle one): 2015 2014 2013 2012

Employee Name: _____

Social Security No: _____

Employee Status (circle one) Current employee Former Employee

Employee Current Mailing Address:

_____
Street address

_____
City State Zip Code

Telephone #: _____

This W-2/1099R is requested for the following reason:
_____ Never Received
_____ Misplaced or Destroyed
_____ Incorrect Address on File
_____ Other (Explain) _____

Check one:

_____ I will pick up my form when it is ready.
I understand that I will be required to show photo identification.

_____ Please mail W-2/1099R to the address listed above. I understand that my signature must be witnessed by a notary.

_____ _____

Signature of Employee **Date**

Signed in my presence and sworn to before me this _____ day of _____, 20_____.

Notary Public: _____
My commission expires: _____

For Department Use Only:
Mailed or Picked up on: _____