

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): **2020** **2019** **2018** **2017**

Employee Name: _____

Social Security No: _____

Employee Status (circle one) Current employee Former Employee

Employee Current Mailing Address Where Form Will Be Mailed:

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) _____

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 on: _____