W-2 / 1099R REQUEST FORM

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

Please reissue:

Check One: _____ WAGE AND TAX STATEMENT (Form W-2)
_____ Form 1099R

TAX YEAR NEEDED (circle one): 2011 2010 2009 2008

Employee Name: _____

Social Security No: _____

Employee Status: _____Current employee _____ Former employee

(Check One)

Employee Current Mailing Address:

_____
Street address

_____
City State Zip Code

This W-2/1099R is requested for the following reason:

_____ Never Received
_____ Misplaced or Destroyed
_____ Incorrect Address on File
_____ Other (Explain) _____
_____

_____ _____
Signature of Employee Date

For Department Use Only:

W-2/Form 1099R reissued on: _____ Mailed on: _____

Processed by: _____