

**W-2/1099R REQUEST FORM**

**MAIL REQUEST TO:**

City of Lincoln  
Finance Department/Payroll  
555 South 10<sup>th</sup> St Rm 103  
Lincoln NE 68508

**PLEASE REISSUE (check one):**

Wage & Tax Statement (Form W-2)  
 Form 1099R

**TAX YEAR NEEDED (circle one):**      **2017**                      **2016**                      **2015**                      **2014**

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:** \_\_\_\_\_

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For Department Use Only:

Mailed or Picked up on: \_\_\_\_\_