



## Request for Corrected Tax Forms

**Fill-in Form. Tab between fields**

Name (Last, First): \_\_\_\_\_ SSN or ITIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (please include area code): (\_\_\_\_) \_\_\_\_\_

***Please check all that apply and specify the year(s):***

FORM NAME	YEAR(S) REQUESTED	FORM NAME	YEAR(S) REQUESTED
___ W-2:	_____	___ 1042-S:	_____
___ 1099-MISC:	_____	___ 1098-T:	_____

A corrected form is requested for the following reason(s): (Please check all that apply)

- \_\_\_ Incorrect SSN or ITIN (Enclose copy of your SS/ITIN card-required)
- \_\_\_ Incorrect or misspelled name (Enclose copy of your SS/ITIN card-required)
- \_\_\_ Incorrect amount- (Please include box number or line number and attach an explanation)
- \_\_\_ FICA Refund- (Please fill out the Request for Prior Year FICA Refund form for each year requested)
- \_\_\_ Other- (Please attach an explanation)

Employee/Student/Vendor  
Signature: \_\_\_\_\_

Date Requested: \_\_\_\_\_

**Please provide a copy of a government issued picture ID (e.g. driver's license or state ID card)**

Send Request To:  
Indiana University Attn: Corrected Tax Forms  
1024 E 3rd Street, Room 132  
Bloomington, Indiana 47405  
Fax: 812.856.4861

**Contact Us:**  
Email: taxpayer@iu.edu

**IU University Tax Use Only:**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

W2C Created by: \_\_\_\_\_ Date: \_\_\_\_\_ Batch #: \_\_\_\_\_