



348 W. Hospitality Lane, Third Floor  
 San Bernardino, CA 92415-0014  
 (909) 885-7980 \* FAX: (909) 884-1904

## REQUEST FOR 1099-R DUPLICATE OR CORRECTION

**PAYEE INFORMATION** (Please Print )

Social Security Number / Tax Payer ID		Tax Year(s)	
Last Name	First Name	Middle Name	
Daytime Telephone	Evening Telephone Number	Best Time to Call	
Mailing Address	City	State	Zip Code

**PAYEE TYPE:**  Service Retirement     Disability Retirement     Beneficiary

Termination / Refund     Vendor

*Please check all items/services that you are requesting:*

**DUPLICATE 1099-R FOR TAX YEAR(S) INDICATED ABOVE**

**REVIEW / UPDATE THE FOLLOWING INFORMATION AND PROVIDE CORRECTED 1099-R**

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\_\_\_\_\_

\_\_\_\_\_

**OTHER REQUEST (specify):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Payee Signature

\_\_\_\_\_  
 Date