Signature _

THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM W - 2 Correction Request

SUBMIT COMPLETED FORM TO:
Office of Payroll Administration
W-2 Adjustment Unit
One Centre Street, Room 200N
New York, NY 10007

Fax completed form to: (212) 669-4928

www.NYC.gov/payroll

	Payroll Number:
AGENCY IDENTIFICATION	Agency Name: Agency Telephone:
	W-2 Coordinator Name: [If known]
EMPLOYEE SECTION	
	FIRST M.I. LAST
EMPLOYEE IDENTIFICATION	
	SOCIAL SECURITY NUMBER
CHECK HERE IF THIS AN AGENCY ADDRESS	
MAILING ADDRESS (Address to which copies of documents will be mailed)	STREET ADDRESS
	
	STREET ADDRESS CONTINUATION
	BOROUGH / CITY / TOWN STATE ZIP CODE + 4
REASON FOR W-2 CORRECTION REQUEST	Check reason for correction and attach corresponding supporting documentation
	Incorrect Name Photocopy of Social Security Card Legal Service Fringe Notification from Union
	Incorrect Social Security Number Photocopy of Social Security Card Retirement Plan "X" 1099-R from Retiree
	Domestic Partner Domestic Partner Correction Form Social Security Disability From OLR Social Security Disability Award Certificate
	Late Check Refund Check Refund Form from Agency Auto/Parking Fringe Benefit Notification from Agency
	DeCAP/HCFSA Notification from OLR Third Party Sick Pay Notification from Union
	Line of Duty Injury (LoDI) LoDI Correction Form from Agency TDA (403b/401k/457) Notification from TDA provider
	Non-Resident Visa Photocopy of Non-Resident Visa Overpayment Payroll Deduction (PDN) from Agency or employee
	Enter the year to be corrected. One Year per form.
TAX YEAR REQUESTED	YEAR TITLE TO THE TOTAL TO THE TOTAL
	1127 STATEMENT
Requested [by:	☐ Employee Signature ☐ Other Authorized Person ————————————————————————————————————