

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

SUBMIT COMPLETED FORM TO:
Office of Payroll Administration
W-2 Adjustment Unit
450 West 33rd Street, 4th Floor
New York, NY 10001

Fax completed form
to: **(212) 857-7259**
www.NYC.gov/payroll

AGENCY IDENTIFICATION	Agency Name: _____	Payroll Number: <input type="text"/>
	W-2 Coordinator Name: _____ (If known)	Agency Telephone: <input type="text"/> - <input type="text"/> - <input type="text"/>

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION	FIRST <input type="text"/>	M.I. <input type="text"/>	LAST <input type="text"/>
	REFERENCE NUMBER <input type="text"/>		

MAILING ADDRESS (Address to which copies of documents will be mailed)	<input type="checkbox"/> CHECK HERE IF THIS AN AGENCY ADDRESS
	STREET ADDRESS <input type="text"/>
	STREET ADDRESS CONTINUATION <input type="text"/>
BOROUGH / CITY / TOWN <input type="text"/>	STATE <input type="text"/> ZIP CODE + 4 <input type="text"/> - <input type="text"/>

REASON FOR W-2 CORRECTION REQUEST	Check reason for correction and attach corresponding supporting documentation			
	<input type="checkbox"/> Incorrect Name	Photocopy of Social Security Card	<input type="checkbox"/> Legal Service Fringe	Notification from Union
	<input type="checkbox"/> Incorrect Social Security Number	Photocopy of Social Security Card	<input type="checkbox"/> Retirement Plan "X"	1099-R from Retiree
	<input type="checkbox"/> Domestic Partner	Domestic Partner Correction Form from OLR	<input type="checkbox"/> Social Security Disability	Social Security Disability Award Certificate
	<input type="checkbox"/> Late Check Refund	Check Refund Form from Agency	<input type="checkbox"/> Auto/Parking Fringe Benefit	Notification from Agency
	<input type="checkbox"/> DeCAP/HCFA	Notification from OLR	<input type="checkbox"/> Third Party Sick Pay	Notification from Union
	<input type="checkbox"/> Line of Duty Injury (LoDI)	LoDI Correction Form from Agency	<input type="checkbox"/> TDA (403b/401k/457)	Notification from TDA provider
	<input type="checkbox"/> Non-Resident Visa	Photocopy of Non-Resident Visa from Agency or employee	<input type="checkbox"/> Overpayment	Payroll Deduction (PDN)

TAX YEAR REQUESTED	Enter the year to be corrected. One Year per form.
	YEAR <input type="text"/> <input type="checkbox"/> 1127 STATEMENT

Requested by:	<input type="checkbox"/> Employee Signature	<input type="checkbox"/> Other Authorized Person _____ Relationship _____
	Signature _____	