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

AGENCY IDENTIFICATION

Agency Name: _____

W-2 Coordinator Name: _____
(If known)

Payroll Number: ☐☐☐

Agency Telephone: ☐☐☐ ☐☐☐-☐☐☐☐

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION

FIRST **M.I.** **LAST**

SOCIAL SECURITY NUMBER ☐☐☐-☐☐-☐☐☐☐

MAILING ADDRESS

(Address to which copies of documents will be mailed)

☐ **CHECK HERE IF THIS AN AGENCY ADDRESS**

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 from OLR	☐ Social Security Disability	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 from Agency or employee	☐ Overpayment	Payroll Deduction (PDN)

TAX YEAR REQUESTED

Enter the year to be corrected. One Year per form.

YEAR ☐☐☐☐

☐ **1127 STATEMENT**

Requested by: ☐ **Employee Signature** ☐ **Other Authorized Person** _____ **Relationship**

Signature _____