



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:	_____	___ 1099-R:	_____
___ 1098-T:	_____	___ 1098-E:	_____

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)
- ___ Other- (Please attach an explanation)

Signature: _____

Date Requested: _____

Send Request To:

Indiana University Attn: Corrected Tax Forms
400 East Seventh Street Poplars 527
Bloomington, Indiana 47405
Fax: 812.856.4861

Contact Us:

Email: taxpayer@exchange.ucs.indiana.edu
Phone: 812.855.5657

Departmental Use Only:

Date Received: _____

Action Recommended: _____ username: _____

Action Taken: _____ username: _____

Date corrected form mailed to individual: _____ Date correction filed with the IRS: _____