## **WE ARE YOUR DOL**



## Request for 1099-G Review

This form should be used to request a review of your 1099-G tax form for calendar year 2023, should you disagree with it. The New York State Department of Labor will review your 1099-G and will either mail an amended 1099-G to you, or a letter of explanation in response to your inquiry.

.ast Name:	First Name:	MI:
Address:		
Dity:	State:	Zip Code:
Phone:	Social Security Number (Full SSN Require	ed):
Please check all that apply to	you from the following options:	
I disagree with the amount i	ncluded in BOX 1 (Please explain):	
I disagree with the amount i	ncluded in BOX 2 (Please explain):	
☐ I disagree with the amount of	of either the State and/or Federal taxes withheld	(Please explain):
raisagree with the amount of	of clarer the state analor i ederal taxes withheld t	(поизо охрант).
The personal information dis	played on the 1099G is not mine, but it was incorre	ectly sent to my mailing addre
The form shows my information	ation, but I did <u>NOT</u> file for any benefits in 2023.	
Other/ Please evaluin:		
Other/ Please explain:		

New York State Department of Labor, PO Box 15130, Albany, NY 12212-5130

Fax to: 518-457-9378

Log in at www.labor.ny.gov/signin. Select "Go to My Inbox" and then "Compose New." Online:

Select "Request For 1099-G Review" for the subject line. Compose your message.

Select "Attach File" and upload a digital copy of this completed form. Then select "Send".