

WE ARE YOUR DOL



Unemployment Insurance Division
P0 Box 621
Albany, NY 12201-0621

Request for Income Tax Withholding Report (1099G)

Your Social Security Account Number: _____ - _____ - _____

NAME

First: _____

Middle Initial: _____

Last: _____

ADDRESS

Street: _____

City: _____

State: _____

Zip Code: _____ - _____

Telephone Number, including area code: (_____) _____ - _____ ext: _____

Calendar Year Being Requested: _____

This form may be used to request a duplicate 1099G Statement for Recipients of Certain Government Payments

Print and **Mail** the completed form to the address shown above.