

# 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 2024, 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.

### Please print clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number (Full SSN Required): \_\_\_\_\_

### Please check all that apply to you from the following options:

I disagree with the amount included in BOX 1 (Please explain):

I disagree with the amount included in BOX 2 (Please explain):

I disagree with the amount of either the State and/or Federal taxes withheld (Please explain):

The personal information displayed on the 1099G is not mine, but it was incorrectly sent to my mailing address.

The form shows my information, but I did **NOT** file for any benefits in 2024.

Other/ Please explain:

### Please submit this completed form to the New York State Department of Labor using one of the following methods:

**Mail to:** New York State Department of Labor, PO Box 15130, Albany, NY 12212-5130

**Fax to:** 518-457-9378

**Online:** Log in at [www.labor.ny.gov/signin](http://www.labor.ny.gov/signin). Select "Go to My Inbox" and then "Compose New." 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".