

New York State Department of Labor Unemployment Insurance Division  
PO 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.