

REQUEST FOR REPLACEMENT FORM 1099-R

Mail to: CITY OF BIRMINGHAM RETIREMENT SYSTEMS
OFFICE OF PAYROLL & PENSION ADMINISTRATION
710 NORTH 20TH STREET, ROOM 189 CITY HALL
BIRMINGHAM AL 35203

PLEASE PRINT

Please issue a Distributions from Pensions Statement (Form 1099-R) for the following pensioner, for the tax year(s) indicated.

PENSIONER'S NAME: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYEE ID NUMBER: _____

DAYTIME PHONE NUMBER: _____

STREET ADDRESS: _____

APT#, SUITE#, etc.: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

FORMS REQUESTED FOR THE FOLLOWING TAX YEAR(S) : *(Indicate year(s) below)*

The Form 1099-R is requested for the following reason:

- Never Received
- Lost, Misplaced or Destroyed
- Social Security Number or Name Incorrect *(Must Contact Office of Payroll & Pension Administration)*
- Other (Explain) _____

Signature of Pensioner/Guardian/Power of Attorney Agent

Date

FOR DEPARTMENT USE ONLY:

Date request received: _____

Processed by: _____

Original 1099-R Re-mailed: _____

Duplicate 1099-R Issued: _____