



Office # \_\_\_\_\_

# TAX CENTER

This form is to be used to request a reprint of my 1099 IRS Tax Form to be mailed to the address listed below: Please return the **signed** form to the Cook County Pension Fund at the address or fax number below.

## REQUIRED PARTICIPANT PERSONAL INFORMATION (PLEASE PRINT)

What year tax form do you need reprinted? \_\_\_\_\_

Last Name, First Name \_\_\_\_\_

**Last 4 Digits of SSN:**

Street Address/P.O. Box \_\_\_\_\_

XXX-XX-

Apt/Unit Number \_\_\_\_\_

City \_\_\_\_\_

**Type of Benefit:**

State \_\_\_\_\_

DISABILITY

ZIP Code \_\_\_\_\_

ANNUITY

Phone Number \_\_\_\_\_

REFUND

Yes

Would you like this new address to be your permanent address?

No

**REQUIRED**



Participant Signature \_\_\_\_\_

Date \_\_\_\_\_