



DIVISION OF UNEMPLOYMENT INSURANCE  
100 South Charles Street, Tower I  
Baltimore, MD 21201

## **AFFIDAVIT FOR CORRECTION OF FORM 1099-G**

**INSTRUCTIONS:** Please provide all information requested below, review the certification, and sign and date this form. Submit your completed form along with a copy of your photo identification by email to: [dlui1099-labor@maryland.gov](mailto:dlui1099-labor@maryland.gov). Please retain a copy of this form to present upon request. The Department will contact you via e-mail or telephone if there are questions. By attesting below, you are indicating that although you did receive a 1099-G Form indicating that you received unemployment insurance benefits there was an error on the form.

### **CLAIMANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Claimant Identification Number or Last Four Digits of Social Security Number: \_\_\_\_\_

Claimant E-mail Address: \_\_\_\_\_ Claimant Telephone Number: \_\_\_\_\_

*Choose the basis for your request for a corrected 1099-G and provide any additional details in the area provided below.*

I did receive benefits in calendar year 20\_\_\_\_; however, the amount of benefits listed is incorrect. I received benefits in the amount of: \_\_\_\_\_.

I did not apply for or receive unemployment insurance benefits in calendar year 20\_\_\_\_.

I did apply for unemployment insurance benefits, but did not receive any benefits in calendar year 20\_\_\_\_.

I received benefits, but the correct dates for benefits received are: \_\_\_\_\_

Other (Explain the circumstances with all relevant dates.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **CERTIFICATION**

I, \_\_\_\_\_ (print full name), declare under penalty of perjury that the foregoing is true and correct. Further, I certify under penalty of the identity theft and identity fraud laws of the United States and the State of Maryland that I am the individual completing this affidavit. I understand that a decision will be made based on the information I have provided and that the law provides penalties for false statement or the withholding of facts. **Please note if after filing this affidavit it is proven that your statements are false it will be considered fraud and remedies will be pursued as allowable under the law.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_