



REQUEST FOR DISCREPANCY REVIEW

(Please allow up to 7 business days for processing)

Name _____

Date _____

UID# _____

SSN # _____

W2

YTD tax withholdings on W2 do not match YTD totals on _____ paycheck (enter last paycheck date for year).

- Federal OASDI
- State Medicare

YTD earnings on W2 do not match YTD totals on _____ paycheck (enter last paycheck date for year).

- Federal OASDI
- State Medicare

Incorrect Name and or Social Security Number - A copy of your Social Security Card is required for correction. Please complete this form and fax a copy of your Social Security Card or mail copy to Payroll Services.

Other _____

Send to: Payroll Services, 10920 Wilshire Blvd., Suite 620, Los Angeles, CA 90024-6508, Attn: Payroll Tax Accountant Fax # (310) 794-8751.

1099

- Incorrect Social Security Number
- Incorrect Name
- Incorrect Amount
- Other _____

Send to: Accounts Payable, 10920 Wilshire Blvd., 5th Floor, Los Angeles, CA 90024, Attn: Shirley Sams Fax# (310) 794-8513

592 B

- Incorrect Social Security Number
- Incorrect Name
- Incorrect Amount
- Other _____

Send to: Accounts Payable, 10920 Wilshire Blvd., 5th Floor., Los Angeles, CA 90024, Attn: Shirley Sams Fax# (310) 794-8513

1042S

Scholarship, Fellowship payments to non-residents of the United States for tax purposes, contact: Ana Lebon, Graduate Division, Student Support at alebon@gdnet.ucla.edu or (310) 825-1025.

Other Payments: Tax Treaty, Honoraria, Royalties

- Incorrect Social Security Number - A copy of your Social Security Card is required for correction. Please complete this form and fax a copy of your Social Security Card to Payroll Services.
- Incorrect Name
- Incorrect Amount
- Other _____

Send to: Payroll Services, 10920 Wilshire Blvd., Suite 620, Los Angeles, CA 90024-6508, Attn: Payroll Tax Accountant Fax # (310) 794-8751.

CONTACT INFORMATION: How would you like to be contacted with this information?

Phone Number: _____

Fax Number: _____

Email Address: _____

Mailing Address: _____
