

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. Please retain a copy of this form and to be able present it 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: Gina Last Name: Cross Middle Initial: M

Address: 910 Walnut Wood Rd

City: Cockeysville State: MD Zip code: 21030

Claimant Identification Number or Last Four Digits of Social Security Number: 7113

Claimant E-mail Address: wallyredsox68@gmail.com Claimant Telephone Number: (410) 785-0674

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 2020; 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 2020.
- I did apply for unemployment insurance benefits, but did not receive any benefits in calendar year 2020.
- I received benefits, but the correct dates for benefits received are: _____.
- Other (Explain the circumstances with all relevant dates.): _____

This concerns 2021. My HR Dept at T Rowe Price told me June 1 someone had submitted a claim in my name. I e-mailed ui.fraud@maryland.gov and was told it was taken care of. Yet today, June 9, I receive the attached letter saying that \$254 was paid "to me". I never received a check nor were any funds deposited in my M&T Bank account. I am at a loss how this even happened and why I am being asked to pay when I already reported as fraud.

CERTIFICATION

I, Gina Maria Cross (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: Gina M. Cross Date: 6/9/2021