

REQUEST FOR DUPLICATE W-2

Tax Year _____

Employee Name: _____
(Please print)

Social Security Number: _____

Daytime Phone Number: _____

Employee's Current Mailing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Employee's Signature: _____

Date of Request: _____

A duplicate W2 is requested for the following reason:

- Never received
- Misplaced or destroyed
- Social Security Number or name incorrect
- Other (explain) _____

~~~~~

## FOR PAYROLL DEPARTMENT USE ONLY:

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Processed by: \_\_\_\_\_ Mailed/Distributed on: \_\_\_\_\_