



DATE OF REQUEST: _____

REQUEST FOR DUPLICATE IRS W-2 FORM

******PLEASE PRINT******

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the Tax Year Ending _____.

NAME: _____

SOCIAL SECURITY NO.: _____

EMPLOYEE CURRENT MAILING ADDRESS:

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

The FORM W-2 is requested for the following reason:

- _____ NEVER RECEIVED
- _____ MISPLACED OR DESTROYED
- _____ SOCIAL SECURITY NO. OR NAME INCORRECT
- _____ OTHER - (EXPLAIN) _____

SIGNATURE: _____

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FOR PAYROLL USE ONLY:

_____	DATE REQUEST REC'D	_____	ORIGINAL W-2 REMAILED
_____	PROCESSED BY	_____	DUPLICATE W-2 REISSUED

FEE PAID BY:

Cash _____ Check # _____ Amount _____ Received by _____