

# **EMPLOYEES REQUEST FOR DUPLICATE W-2**

W-2 Year(s) required \_\_\_\_\_

Employee Name: \_\_\_\_\_

Last four digits Social Security Number: \_\_\_\_\_

Department: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Reason for Requesting Copy \_\_\_\_\_

\_\_\_\_\_

Mail Duplicate copy out? \_\_\_\_\_ OR

Call for Pick-up to above phone number? \_\_\_\_\_

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## **Payroll Office use Only**

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date W-2 Reissued: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reissued By: \_\_\_\_\_