

EMPLOYERS REQUEST FOR DUPLICATE W-2

W-2 Year(s) required _____

Employee Name: _____

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? _____

Note: There is a \$5.00 fee per Duplicate W-2, charged for all W-2's misplaced by employee. Fee will be collected at the time the request is made.

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Payroll Office use Only

Today's Date: _____/_____/_____

Amount of Fee Collected: _____

Collected by: _____

Date W-2 Reissued: _____/_____/_____

Reissued By: _____