

APPENDIX H - Request for Duplicate W-2

EMPLOYEE'S REQUEST FOR DUPLICATE W-2

Year of W-2 requested _____

Employee Name _____

Social Security Number _____

Daytime Phone Number (_____) _____

Employee's Current Mailing Address:

Street Address _____

City _____ State ____ Zip _____

Employee's Signature _____

Date of Request _____

The FORM W-2 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 Request Received _____ Date Processed _____

Processed By _____ Mailed On _____