REQUEST FOR REISSUED/REPLACEMENT
IRS FORM W-2

Submit completed form to the Finance Department

_____ Please print
Date of request

Please reissue my WAGE AND TAX STATEMENT (Form W-2) for the tax year _____

EMPLOYEE NAME:_____

SOCIAL SECURITY NO.:_____

CURRENT MAILING ADDRESS:_____

CITY, STATE/ZIP_____

DAYTIME PHONE NUMBER:_____

Current employment status (check one): Active ☐ Separated ☐

The Form W-2 is requested for the following reason:
_____

Check one:
Mail to above address: ☐ OR Call for pickup (picture ID required) ☐

Signature of Employee:_____

For Payroll Dept. use only:

W-2 reissued:_____ Mailed:_____
Date Date
Processed by:_____

Picked up:_____ Date:_____
Employee signature