



Employee's Request For Duplicate W-2

Employee Name _____

Social Security Number _____

Daytime Phone Number _____

Current Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Employee's Signature _____

Date of Request _____

Year(s) Requesting _____

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

Never Received

Misplaced or Destroyed

Social Security Number or Name Incorrect

Other (Explain) _____

For Business Office Use Only

Date Request Received _____ Date Processed _____

Processed By _____ Mailed On _____
