

Request for Duplicate or Corrected Wage and Tax Statement (W-2)

For Calendar Year: _____

Please type or print.

Employee ID	Social Security Number
Agency	Daytime Phone Number
Employee Name (Last, First, Initial)	
Current Address (Street, City, State, Zip)	
Former Address (Street, City, State, Zip)	
Check one: _____ I have lost or not received my W-2 for the year above _____ My W-2 form is not correct. (Enclose incorrect W-2 and explanation of error.)	
Employee's Signature	Date

Please submit the completed form to your Human Resources or Payroll Office.

NOTICE: Name, Home Address, and Social Security number are private data that will be available only to those individuals who need access to conduct legitimate business for the Department of Finance and to taxing authorities. You are not legally obligated to provide it. However, we may not be able to process this transaction without it.