

Request for Duplicate Form W-2 for Tax Year: (Insert Year)

Please return this form to: ABC Company Inc.
Payroll Department M/S 301
301 Main Street
Any town, CA 91010
Fax: 123-45-6789 E-Mail: payrolldepartment.com

Please issue a duplicate copy of the Wage and Tax Statement (Form W-2) for the following employee:

Employee Name: _____

Social Security No: _____

Badge # (for current employees): _____

Distribution of Form: (Circle One) Pick-Up From Payroll Mail Form

Mail Form To: _____

Street Address

City

State

ZIP Code

Reason for Request: (circle one)

Never Received

Lost/Misplaced/Destroyed

Signature of Employee: _____

If requesting form be mailed please provide copy of picture identification such as driver's license (former employees) or ID badge (current employees) along with this request form. If picking up the duplicate Form W-2 in person, please be prepared to show picture ID such as a driver's license (former employees) or your ID badge (current employees). Allow five business days to process your request.

For Payroll Department Use Only:

Date request received: _____ Date form mailed to employee: _____

Received by employee: _____

Signature of Employee