

Employee Request for Duplicate W-2 Form

(Due to confidentiality rules, W-2 forms cannot be faxed or emailed to requestor)

Today's Date: ____ / ____ / ____ W-2 Year Requested: ____ - ____ - ____

Last Name: _____ First Name: _____

Employee Number: _____ Last Four Digits of SS: ____ - ____ - ____

Day Time Phone: () ____ - ____ - ____ Best Time to Reach: _____ AM / PM

Alternative Phone: () ____ - ____ - ____ Best Time to Reach: _____ AM / PM

Email: _____ Home / Work

Would you like to have your W-2 mailed to your home address, or
be made available for pickup at the Payroll Department? Home / Pickup (Please circle one)

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Employee Signature: _____

Please fax completed forms to (650) 725 - 0312

For Payroll Use Only

Date Received: ____ / ____ / ____ Received By: _____

Date Mailed: ____ / ____ / ____ Mailed By: _____

CYCLE REVIEW: 2 Years

REVISED: April 2009

Reviewed By: _____ Date: ____ / ____ / ____

Approved By: _____ Date: ____ / ____ / ____