

REQUEST FOR IRS FORM W-2

DATE REQUESTED: _____

MAIL TO: AUDITOR CONTROLLER-PAYROLL DIVISION
 P.O. BOX 770
 MODESTO, CA 95353

FAX #: 525-6540

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee for the tax year ending _____

EMPLOYEE NAME: _____

SOCIAL SECURITY NO: _____

EMPLOYEE ID NO: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Department: _____

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

- _____ NEVER RECEIVED
- _____ MISPLACED OR DESTROYED
- _____ SOCIAL SECURITY NUMBER OR NAME INCORRECT
- _____ OTHER (EXPLAIN) _____

Signature of Employee

For Department Use Only

Date request received: _____ Original W-2 remailed: _____

Processed by: _____ Duplicate W-2 reissued: _____

NOTE There is a \$5.00 fee the reissue of a W-2 that must be received by the Auditor's Office in advance .