



Online Resource Center:
<http://go.usa.gov/gG8>

INSTRUCTIONS TO EMPLOYEES:

1. Complete this form online at
<http://tinyurl.com/3b4lsg>
2. Print and give to your agency payroll office.

INSTRUCTIONS TO PAYROLL OFFICES:

1. Refer to Section E.

Agency Use Only

W-2 REPRINT / REISSUED STATEMENT REQUEST

This form is only for State Government Employees. In-Home Caregivers do not qualify.

Section A: About the Request

Tax Year
 Choose ONE:

- ☒ 2019
☐ 2018
☐ 2017
☐ 2016
☐ 2015

Need more than one year? Use additional forms.

Employee Social Security Number¹ (Do not use your Employee ID [OR#])

Last Name

First Name, Middle Initial

Daytime Telephone No.

Delivery Options

- ☐ Pick up at payroll office
☐ Mail to home (complete address below)

1-Internal Revenue Code section 6109(3) establishes the social security number as the identifying number for tax records. We will use this number solely to verify and retrieve your record for purposes of this request. This disclosure is mandatory. Failure to provide this information means we cannot give you a Reissued W-2 Statement.

Section B: Address Information

If you checked "Mail to Home" above, complete this information. **The Reissued W-2 prints with the original address on file.**

Street Address

City

State

ZIP/Postal Code

Section C: Reason for Request

- ☐ Misplaced or Destroyed ☐ Dept. of Revenue Request
☐ Original Not Received (Complete Address Information, above) ☐ Corrected W-2 Information
☐ Other (specify): _

Section D: Employee Authorization ☐

Please reissue IRS Form W-2, Wage and Tax Statement, for the single tax year requested.

I certify: I am the employee listed above or the duly authorized representative thereof.

Employee Signature: _____ Date: _____

Section E: Agency Request Authorization / Certification

Pre-request agency checklist:

- P090 / PPDB checked for valid wages during year
 Verify form is complete.
 Print locally using online reports

Agency Number

Contact Name (Please PRINT or TYPE)

Telephone No.

Please reissue IRS Form W-2, Wage and Tax Statement, for the single tax year requested.
I certify: that this request is being made to serve a legitimate business obligation.

Signature: _____ Date: _____

For Agency Use Only

Return to Agency – UNPROCESSED:

- ☐ No Wages for Tax Year ☐ Not a State Government Employee
☐ No Agency Signature ☐ Info Missing or Illegible (specify):