



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.

<b>Agency Use Only</b>

### 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:	<b>Employee Social Security Number<sup>1</sup></b> (Do not use your Employee ID [OR#])	
<input checked="" type="checkbox"/> 2018		
<input type="checkbox"/> 2017		
<input type="checkbox"/> 2016		
<input type="checkbox"/> 2015		
<input type="checkbox"/> 2014		
	<b>Last Name</b>	<b>First Name, Middle Initial</b>
	<b>Daytime Telephone No.</b>	<b>Delivery Options</b>
		<input type="checkbox"/> Pick up at payroll office
		<input type="checkbox"/> Mail to home (complete address below)

*Need more than one year? Use additional forms.*

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.**

<b>Street Address<sup>2</sup></b>		
<b>City</b>	<b>State</b>	<b>ZIP/Postal Code</b>

<sup>2</sup>-This address is  New – change my personnel record or  N/A

#### Section C: Reason for Request

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

#### 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.

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

<b>Agency Number</b>	<b>Contact Name</b> (Please PRINT or TYPE)	<b>Telephone No.</b>
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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: \_

<b>For Agency Use Only</b>	
<b>Return to Agency – UNPROCESSED:</b>	
<input type="checkbox"/> No Wages for Tax Year	<input type="checkbox"/> Not a State Government Employee
<input type="checkbox"/> No Agency Signature	<input type="checkbox"/> Info Missing or Illegible (specify):
	<input type="checkbox"/> 2013 - 2017; print locally