



TO: NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT
ATTN: PAYROLL DEPARTMENT

FROM: _____
Employee Name

SUBJECT: Request for IRS Form W-2

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 Current Mailing Address:
Street Address _____
City _____ State _____ Zip Code _____
Work Location: _____

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

- Never Received
- Misplaced or Destroyed
- Social Security Number or Name Incorrect
- Other (Explain) _____

Employee Signature Date

FOR PAYROLL DEPT. USE ONLY:

Date Request rec'd: _____

Processed by: _____

Original W-2 remailed: _____

Duplicate W-2 reissued: _____