

Procedures for Duplicate Form W-2 Requests

Mail to: CARLSBAD UNIFIED SCHOOL DISTRICT
6225 El Camino Real
Carlsbad, CA 92009

Attention: Payroll Department
Fax #: (760) 331-6902

Date of Request

REQUEST FOR IRS FORM W-2

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

Employee's Name: _____

Social Security #: _____

Employee's Current Mailing Address (please print)

Street Address: _____

City: _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____

The form W-2 is requested for the following reasons:

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

I understand there is a \$10.00 fee for this service. Form of payment _____ Check
_____ Cash

Signature of Employee

Signature / Date W2 Received

FOR PAYROLL DEPARTMENT USE ONLY:

Date request received: _____
Processed by: _____

Original W-2 mailed: _____
Duplicate W-2 reissued: _____