**REQUEST FOR COPY OF IRS W-2 FORM**

DATE REQUESTED:

MAIL TO: DEPARTMENT OF FINANCE PAYROLL DIVISION

3501 CIVIC CENTER DRIVE, ROOM 219

SAN RAFAEL, CA 94903

FAX #: (415) 473-5070

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

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

 NEVER RECEIVED

 MISPLACED OR DESTROYED

 SOCIAL SECURITY NUMBER OR NAME INCORRECT

 OTHER (EXPLAIN)

EMPLOYEE NAME:

DEPARTMENT:

SOCIAL SECURITY NUMBER:

PHONE NUMBER:

CURRENT MAILING ADDRESS:

CITY: STATE: ZIP CODE:

Preferred Method of Delivery:  **US Mail Pick Up (Photo ID required)**

 DEPARTMENT OF FINANCE PAYROLL DIVISION

 3501 CIVIC CENTER DRIVE, ROOM 219

 SAN RAFAEL, CA 94903

*The Payroll Division will contact you at the phone number*

*listed on this form when your W-2 copy is ready for pick up*

 Signature of Employee

For Department Use Only

Date request received: Original W-2 re-mailed:

Processed by: Duplicate W-2 reissued: