

MAIL TO: Washoe County Comptrollers  
PO Box 11130  
Reno, NV 89520-0027  
ATTN: Payroll Division  
FAX NO: 775-325-8061

Date of Request \_\_\_\_\_

Please reissue a wage and tax statement (Form W-2) for the following employee, for the tax year ending \_\_\_\_\_.

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

SEND THE COPY OF THE W2 TO:

DEPT: \_\_\_\_\_ DEPARTMENT NAME \_\_\_\_\_

OR

US Mail: \_\_\_\_\_  
EMPLOYEE CURRENT MAILING ADDRESS:

STREET ADDRESS \_\_\_\_\_

OR

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CALL WHEN READY FOR PICK UP \_\_\_\_\_

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

\_\_\_\_\_ Never Received

\_\_\_\_\_ Misplaced or Destroyed

\_\_\_\_\_ Other (Explain) \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

FOR DEPT. USE ONLY:

Date request rec'd: \_\_\_\_\_

Duplicate W-2 sent: \_\_\_\_\_

Processed by: \_\_\_\_\_