

REQUEST FOR IRS FORM W2

PLEASE PRINT

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 _____

CITY _____ STATE _____ ZIP CODE _____

OR

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: _____