

**The San Diego
Community College District**

3375 Camino del Rio South, San Diego, CA 92108-3883

Payroll Fgr ct vo gpv(619) 388-67: 4

Date of Request

REQUEST FOR IRS FORM W-2

PLEASE PRINT

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 _____

Telephone: _____

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

***** Never Received

Misplaced or Destroyed

Social Security Number or Name Incorrect

Other (Explain) _____

Signature of employee

A mandatory \$5 processing fee is required for each W-2 copy. You may also access your W-2 online for free by registering with WebAdvisor at <http://webadvisor.sdccd.edu>

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FOR PAYROLL DEPARTMENT USE ONLY:

Date request rec'd: _____

Original W-2 mailed: _____

Processed by: _____

Duplicate W-2 reissued: _____