

Mt. Diablo Unified School District

Request for Corrected or Duplicate Form W-2

Send completed form to: Payroll Department, 1936 Carlotta Drive, Concord, CA 94519

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

**(Payroll will respond within ten business days  
from the date the request is received)**

- Please issue a **duplicate Form W-2** (Wage and Tax Statement) for the year ending \_\_\_\_\_
- Please issue a **corrected Form W-2**, for the year ending \_\_\_\_\_

**Employee Information**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Work Location: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

The duplicate or corrected Form W-2 is requested for the following reason(s):

- Never received
- Social Security Number incorrect
- Misplaced or destroyed
- Name incorrect
- Other: \_\_\_\_\_  
\_\_\_\_\_

- Please send** the duplicate or corrected Form W-2 to the mailing address above.
- I will pick up** the duplicate or corrected Form W-2 at the Payroll Department. The Payroll Department can notify me by phone when the form is ready for me to pick up.

\_\_\_\_\_  
Employee's Signature

**For Payroll Use Only**

Received: \_\_\_\_\_  Complete  Incomplete

Reissued: \_\_\_\_\_

Mailed: \_\_\_\_\_ Held for pickup: \_\_\_\_\_

Picked up: \_\_\_\_\_

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