

W-2 Processing Request Form

Instruction for Organization Representatives

Send Duplicate Requests via Email to:
PHRST_YearEndFormduplications@delaware.gov

Remit Payments via Inter-state Mail to:
Delaware PHRST
SLC D620

There is a **\$5.00** administrative fee **for each tax year**. Checks should be made payable to the **State of Delaware**. Please submit only one form and payment for multiple year requests.

Reminder: Active employees must access W-2's for Tax Years 2013 and greater on-line through Employee Self-Service. **Requests for these duplicates will not be accepted.** Election Poll Worker W-2's are not available on-line.

PHRST must reflect the current employee address prior to submission of this form.

Please reissue my employee Form W-2 for tax year(s): _____

Please reissue my Election Poll Worker Form W-2 for tax year(s): _____

EMPLOYEE INFORMATION (Completed by employee and returned to employer)

Employee Name: _____

Employee ID or Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email Address: _____

SIGNATURE OF EMPLOYEE: _____ **DATE:** _____

EMPLOYER INFORMATION (Completed by employer and returned to PHRST)

Organization Name: _____ Department ID: _____

Representative Name: _____

Representative Email Address: _____

Note: Duplicate will be emailed to the agency representative. If initialed here, it will be mailed to the address in PHRST: _____

Phone: _____

----- FOR PHRST USE ONLY -----

PAYMENT: CHECK MONEY ORDER CASH Date Payment Received: _____

Date Received: _____ **Date Completed:** _____

Comments: _____