

REQUEST FOR A COPY IRS FORM W-2

Please reissue by mail a WAGE AND TAX STATEMENT (Form W-2) for the following employee, **for the tax year ending** _____.

Employee Full Name _____

Social Security Last Four only _____

Employee Current Address:

Street Address _____

City _____ State _____ Zip _____

Work Location _____

Please mail to Work _____ Home _____

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

- _____ Never Received
- _____ Misplaced or Destroyed
- _____ Social Security Number or Name Incorrect
- _____ Moved/Incorrect Address
- _____ Other (Explain) _____

Signature of Employee

Date

Mail To: ATTN: Payroll Department
Cherry Creek School District No. 5
Educational Services Center (ESC) at Metropoint
4610 South Ulster Street, Suite 1001
Denver, Colorado 80237

Email To: payroll@cherrycreekschools.org

FOR PAYROLL DEPT. USE ONLY:

Date Request Received: _____

Original W2 Re-mailed: _____

Processed By: _____

Duplicate W2 Reissued: _____

