

# BOARD OF EDUCATION OF WICOMICO COUNTY

## REQUEST FOR DUPLICATE FORM W-2

(Please Print)

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year ending 20\_\_\_\_.

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

CURRENT MAILING ADDRESS:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

WORK LOCATION \_\_\_\_\_

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

- Misplaced or Destroyed
- Social Security Number or Name Incorrect
- Other (Explain) \_\_\_\_\_

I authorize that \$10.00 be deducted from my next pay to cover the cost of this payroll department service. \*

\* If not presently employed, a certified check, money order or cash is required at the time the request is made.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

***Completed form must be returned to Payroll  
Please allow 24 hours for Duplicate W-2 forms to be processed.***

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FOR PAYROLL DEPARTMENT USE ONLY:

Date request rec'd: \_\_\_\_\_

Original W-2 remailed: \_\_\_\_\_

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

Duplicate W-2 reissued: \_\_\_\_\_