

REQUEST FOR IRS FORM W-2

Mail to: County of Humboldt-Payroll
825 5th St. Room 128
Eureka, CA 95501

Date of Request

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee

TAX YEAR(S) NEEDED: _____

EMPLOYEE'S CURRENT INFORMATION Social Security #: _____

EMPLOYEE NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER () _____

EMAIL ADDRESS: _____

Please Mail
 Please E-Mail

WORK LOCATION : _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

FOR DEPT. USE ONLY:

Date request received: _____

Original W-2 re-mailed _____

Processed by: _____

Duplicate W-2 reissued _____

DATE

RECEIVED BY