



REQUEST FOR DUPLICATE W-2 FORM

Send Completed form to:

Hernando County School District
 Attn: Payroll Department
 919 North Broad Street, Brooksville, FL 34601
 Fax #352-797-7226

DATE OF REQUEST: _____

Please reissue a WAGE AND TAX STATEMENT (*W2 Form*) for the following employee for the tax year(s) ending _____. (*List each year needed*)

Fill in the following information completely:

EMPLOYEE NAME:	
SOCIAL SECURITY #	
EMPLOYEE ID #	
STREET ADDRESS	
CITY, STATE, ZIP	
PHONE #	
COST CENTER #	
COST CENTER NAME	
DELIVERY OPTIONS:	<input type="radio"/> PICKUP (<i>Must bring id to receive</i>) <input type="radio"/> PONY DELIVERY <input type="radio"/> MAIL
REASON FOR REQUEST	<input type="radio"/> NEVER RECEIVED <input type="radio"/> MISPLACED OR DESTROYED <input type="radio"/> SOCIAL SECURITY NUMBER OR NAME INCORRECT <input type="radio"/> OTHER (EXPLAIN) _____

 EMPLOYEE'S SIGNATURE

 DATE

Date Request Received: _____ Processed By: _____

Date Duplicate Reissued: _____ Date Sent Out: _____