

# REQUEST FOR IRS FORM W-2

MAIL TO: CALAVERAS COUNTY OFFICE OF EDUCATION  
185 SOUTH MAIN STREET / P.O. BOX 760  
ANGELS CAMP, CA 95221

ATTN: PAYROLL DEPARTMENT  
PHONE: (209) 736-6003 FAX: (209) 736-2138

DATE OF REQUEST: \_\_\_\_\_

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

Employee Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

**EMPLOYEE CURRENT MAILING ADDRESS:**

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 PAYROLL DEPARTMENT USE ONLY:**

Date request received: \_\_\_\_\_ Original W-2 mailed: \_\_\_\_\_

Processed by: \_\_\_\_\_ Duplicated W-2 reissued: \_\_\_\_\_