

REQUEST FOR IRS FORM W-2

****NOTE: Re-issued W-2's will be processed on FRIDAYS****

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

ATTN: PAYROLL DEPARTMENT
PHONE: (209) 736-6018 FAX: (209) 736-2138

DATE OF REQUEST: _____

Please check appropriate District(s):

MARK TWAIN _____ BRET HARTE _____ VALLECITO _____
CALAVERAS UNIFIED _____ CALAVERAS COUNTY _____

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 remailed: _____

Processed by: _____ Duplicated W-2 reissued: _____

Duplicate Mailed: _____