# REQUEST FOR REPLACEMENT FORM W-2

There is a $5.00 service charge for each duplicate W-2 form.
In order to insure the privacy of the employee, an original signature is required on this form.
A faxed copy can be used to start the process of issuing a duplicate W-2, but the original form will be required to pick up the W-2 or have it mailed.
Duplicate W-2 forms will only be released to the person whose name appears on the W-2 form.
Payment should be in the form of cash or money order, made payable to Duval Country Public Schools.
Please allow 48 hours upon receipt by the Payroll Department to process this request.

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year(s) ending _____. (We must have correct year to process request.)

Employee Name: _____ PN _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____ Ext: _____

The W-2 form is requested for the following reason: (please check one)

____ Never Received _____Misplaced or _____Destroyed _____Social Security Number or Name Incorrect

_____ Other (please explain) _____

Method of Delivery

_____ Pick-up

_____ Mail (check one) _____Home Address or _____School Address

_____ _____