



OFFICE OF THE
COUNTY AUDITOR-CONTROLLER

Main Phone (951) 955-3810
Fax (951) 955-3814

REQUEST FOR DUPLICATE WAGE AND TAX STATEMENT (FORM W-2)

Please Print

DATE OF REQUEST _____ EMPLOYEE ID# _____

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year ending _____.

EMPLOYEE NAME: _____

SOCIAL SECURITY NO: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: _____

City _____ State _____ Zip Code _____

Telephone #: _____

The FORM W-2 is requested for the following reason:

_____ Never Received
_____ Misplaced or Destroyed
_____ Social Security Number or Name Incorrect
_____ Other (Explain) _____

NOTE: Normal processing will require five (5) working days. Unique individual circumstances may be considered for expedited processing.

Signature of Employee

Date

Please Mail _____

Employee Will Pick Up _____

Signature of Person Picking Up

FOR AUDITOR-CONTROLLER PAYROLL DIVISION USE ONLY:

Processed by: _____

Duplicate W-2 re-issued _____