



FAX COMPLETED FORM TO:
Office of Human Resources
Payroll Department
3901 South State Street, 2nd floor
Chicago, IL 60609
312-553-2857 (fax)

# REQUEST FOR REISSUE OF IRS FORM W-2

Date of Request: (mm/dd/yyyy) \_\_\_\_\_

**EMPLOYEE INFORMATION:**

Table with 2 columns: Employee Name, College/District Office, Department, Social Security Number, Employee ID No., Telephone Number.

**EMPLOYEE CURRENT HOME MAILING ADDRESS**

Street Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please reissue a Wage and Tax Statement (IRS Form W-2) for the tax year ending: \_\_\_\_\_
(Note: Per IRS guidelines, W-2 forms are only required to be available for 4 years from date of issue.)

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

- Never Received Misplaced or Destroyed Other (please specify)

Send the copy of the Form W-2 to:

- College/District Office Department US Mail to home mailing address noted above Fax to:

Please reissue IRS Form W-2, Wage and Tax Statement for the single tax year requested. I certify I am the employee listed above.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

For the Office of Human Resources Payroll Department USE ONLY:

Date Received: \_\_\_\_\_ Date Form W-2 Sent: \_\_\_\_\_

Processed By: \_\_\_\_\_