

All original W-2s were mailed to the last known address at least by January 31st

REQUEST FOR DUPLICATE W-2

You may fax this form to Payroll – (760) 951-8506

I request a copy of my W-2 for the reason below.

Replacement W-2s will be available to you OR mailed if requested within 5 business days.

YEAR REQUESTED: _____

Never received in the mail

Incorrect address (please fill out an 'Employee Personal Information Sheet' or list below to confirm)

Address: _____

City/St/Zip: _____

Address is correct but still not received

Received W-2 but was lost or misplaced

Print Name: _____ SSN: _____

Signature: _____ DATE: _____

Date of Birth: _____ Telephone #: _____

Please mail to me _____ I will Pick Up _____ Please fax to me at _____

- If the copy is to be mailed, the address must match our official records.
- If the copy is to be picked up by someone else, we must have a written and signed authorization from you.
- If the original W-2 is returned to us undelivered, we will re-send to the address listed above.