

Mail to: Martin County School District
500 E. Ocean Blvd.
Stuart, FL 34994
Attn: Payroll Department
Fax #: 772-219-1254

Date: _____

REQUEST FOR IRS W-2 DUPLICATE

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

EMPLOYEE NAME: _____

SOCIAL SECURITY # (last 4 digits only) : ___XXX-XX-_____

Instruction for delivery: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip _____

Job Location: _____ Contact Telephone #: _____

The Form W-2 Duplicate is requested for the following reasons:

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

Signature of Employee

FOR PAYROLL DEPARTMENT USE ONLY:

Date request rec'd: _____ Original W-2 remailed _____

Processed by: _____ Duplicate W-2 reissued: _____