

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 #: \_\_\_\_\_

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

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FOR PAYROLL DEPARTMENT USE ONLY:

Date request rec'd: \_\_\_\_\_ Original W-2 remailed \_\_\_\_\_

Processed by: \_\_\_\_\_ Duplicate W-2 reissued: \_\_\_\_\_