## REQUEST FOR REPLACEMENT IRS – W-2 FORM

		Date of Request
*****ALL W-2 REQUESTS WILL BE PRO	CESSED ON	FRIDAY EACH WEEK*****
ATTENTION: PAYROLL DEPARTMENT		
Please re-issue a WAGE AND TAX STATEME for the tax year(s)	,	(-2) for the following employee,
Employee Name:		
*Required Employee ID#:		
*Required Social Security No:		
<b>Employee Current Mailing Address:</b>		
Street Address:		
City:		
Phone Number:		
Work Location:		
The FORM W-2 is requested for the following re-	eason:	
Never ReceivedMisplaced or DestroyedSocial Security Number or NanOther (Explain)		
		Signature of Employee
PLEASE INDICATE ONE:		
I WILL PICK UP MY DUPLICATE W-2		
PLEASE SEND MY DUPLICATE W-2 TO:	_CAMPUS	HOME ADDRESS
FOR PAYROLL DEPA	ARTMENT USE	ONLY
Address (if changed) Updated on W-2:		
Original W-2 mailed:	Date Duplicate W-2 re-issued:	
Processed By:		

Northwest ISD – Payroll Department – P.O. Box 77070 – Fort Worth, TX 76177-0070