



**COMPTROLLER
DEPARTMENT**

REQUEST FOR IRS FORM W-2

PLEASE PRINT

MAIL TO: Washoe County Comptrollers Dept.
Attn: Payroll Division
1001 E. 9th Street, Suite D-200 Reno,
NV 89512
OR E-mail to Payroll@washoecounty.gov
OR FAX to 775-325-8061

Date of Request: _____

Please reissue a wage and tax statement (Form W-2) for the following employee, for the tax year ending _____

EMPLOYEE NUMBER: _____

EMPLOYEE NAME: _____

LAST 4 DIGITS OF SSN: _____

DEPARTMENT NAME: _____

SECURELY EMAIL TO: _____

OR US Mail: _____

EMPLOYEE CURRENT MAILING ADDRESS:

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

OR CALL WHEN READY FOR PICK UP _____

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

_____ **Never Received**

_____ **Misplaced or Destroyed**

_____ **Other (Explain)** _____



_____ **Employee Signature**

FOR DEPARTMENT USE ONLY:

Date request rec'd: _____

Duplicate W-2 sent: _____

Processed by: _____