

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

Date of Request: _____

OR E-mail to Payroll@washoecounty.us
OR FAX to 775-325-8061

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

EMPLOYEE NUMBER: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY NO: _____

DEPARTMENT NAME: _____

SEND THE COPY OF THE FORM W-2 TO:

DEPT: _____ DEPARTMENT NAME _____

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 DEPT. USE ONLY:

Date request rec'd: _____

Duplicate W-2 sent: _____

Processed by: _____