



Monterey County Office of Education

Business Services  
901 Blanco Circle  
P.O. Box 80851  
Salinas, CA 93912-0851  
Phone: (831) 755-0317 or (831) 784-4212  
Fax: (831) 753-1616

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**REQUEST FOR IRS FORM W-2, WAGE AND TAX STATEMENT**

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Please re-issue IRS Form W-2, Wage and Tax Statement for tax years indicated below. I understand that each year requested will be subject to a \$5.00 processing fee.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employee Status \_\_\_\_\_

Department \_\_\_\_\_ Site \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

W-2 Tax Years Requested: \_\_\_\_\_

Reason for Requesting Duplicate W-2 Form: \_\_\_\_\_

If other, explain: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Business Office Use Only:**

Date Request Received \_\_\_\_\_ Processed By \_\_\_\_\_

Form Mailed ( )Original W-2 ( )Duplicate W-2 Date Mailed \_\_\_\_\_

Payment Method \_\_\_\_\_ Reference \_\_\_\_\_

(i.e. Ck#, Receipt #, Money Order #)

Amount Received \_\_\_\_\_ . \_\_\_\_\_