

REQUEST FOR REPLACEMENT FORM W-2

PLEASE PRINT

- There is a \$5.00 service charge for each duplicate W-2 form.
- In order to ensure the privacy of the employee, an original signature is required on this form.
- A faxed copy can be used to start the process of issuing a duplicate W-2, but the original form will be required to pick up the W-2 or have it mailed.
- Duplicate W-2 forms will only be released to the person whose name appears on the W-2 form.
- Payment should be in the form of cash or money order, made payable to Duval County Public Schools.
- Please allow **48 hours** upon receipt by the Payroll Department to process this request.

Please reissue a **WAGE AND TAX STATEMENT** (Form W-2) for the following employee, for the tax year(s) ending: _____ . **(We must have the correct year to process the request.)**

Employee Name: _____ PN _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____ Ext: _____

The W-2 form is requested for the following reason: (please check one)

____ Never Received ____ Misplaced or ____ Destroyed ____ Social Security Number or Name Incorrect

____ Other (please explain) _____

Method of Delivery

____ Pick-up

____ Mail (check one) ____ Home Address or ____ School Address

Employee Signature

Date

To submit request

Fax to:

(904) 390-2680

Send via School Mail to:

Payroll

#3001

2nd Floor

U. S. Mail

Duval County Public Schools

1701 Prudential Drive

Payroll, 2nd Floor

Jacksonville, FL 32207-8182

FOR PAYROLL DEPARTMENT USE ONLY

Date Request Received: _____

Delivery of W-2: _____ Picked Up on: _____

Received By: _____

____ Mailed on: _____

Payment Rec'd: _____ Cash _____ Money Order

Released by: _____

Receipt Number: _____