

SCHOOL DISTRICT OF INDIAN RIVER COUNTY
Request for IRS Form W-2

Submit to: School District of Indian River County
6500 57th Street
Vero Beach, FL 32967
Attn: Payroll Department

Date: ___/___/___

Or Fax to: 772-564-3017

Please reissue a WAGE and Tax Statement (W-2) for the following employee, for the tax year ending 12/31/_____.

EMPLOYEE NAME: _____

SOCIAL SECURITY # _____/_____/_____

Instruction for delivery:

- Employee will pick up.
- Send to site location: _____
- Mail to current address:

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____ - _____ - _____

The Form W-2 Duplicate is requested for the following reasons:

- Never Received
- Misplaced or Destroyed
- Social Security Number or Name Incorrect
- Other (Explain)

Signature of Employee

FOR PAYROLL DEPARTMENT USE ONLY:

Date request received: ___/___/___ Original w-2 remailed: ___/___/___

Processed by: _____ Duplicate W-2 reissued: ___/___/___