## Request for Duplicate W-2 Please Print

| Mail To:   | Sequoia Union High School D<br>Attention: Payroll Dept.<br>480 James Avenue<br>Redwood City, CA 94062 | istrict                 | Request Date:   |
|--|---|-------------------------|---|
| Fax To:  | (650) 306-8871  |                         |   |
| Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year ending |   |                         |   |
| Employee Name:   |   |                         |   |
| Last Four Digits of Social Security No:  |   |                         |   |
| Date of Birth:   |   |                         |   |
| Current Mailing Address:   |   |                         |   |
| City: State:   |   | Zip:                    |   |
| Sequoia UHSD Work Location:  |   |                         |   |
| XEmployee  | Signature   | Neve                    | is requested for the following: er Received laced/Destroyed erect SSN/Name r(explain) |
| For Payroll Department Only:   |   |                         |   |
| Date Requ  | est Received:   | Origina                 | I W-2 Remailed:   |
| Processed By:  |   | Duplicate W-2 Reissued: |   |
|  |   |                         |   |