

REQUEST FOR DUPLICATE IRS FORM W-2

Mail to: Payroll Department
DCCCA, Inc.
3312 Clinton Parkway
Lawrence, KS. 66047
Fax-785-841-4628

Date of Request: _____

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee for the tax year ending _____

Employee Name: _____

Social Security Number: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

The FORM W-2 is requested for the following reason:

_____ Never Received

_____ Wrong Address

_____ Misplaced or Destroyed

_____ Social Security Number or Name Incorrect-Copy of Social Security Card Attached

_____ Other (Explain) _____

Signature

Date

Printed Name

=====

FOR PAYROLL DEPT. USE ONLY

Date Request rec'd: _____

Duplicate W-2 reissued: _____

Processed by: _____