



Request for Duplicate Form W-2

To protect your identity and security, this form must be provided to the P-H-M Payroll Department when you request a duplicate Form W-2.

- Phone requests for duplicate W-2s cannot be accepted. All requests must be made in writing using this form. Incorrect or incomplete forms will not be processed and will be returned to you.
- To protect you security, duplicate W-2s cannot be faxed.
- Duplicate W-2s can be mailed to your home address or picked up at the Educational Services Center as long as you provide us with proper identification in advance. A copy of your driver's license or a copy of your P-H-M identification badge must be mailed or faxed to us along with this completed form.
- We can release a duplicate W-2 to someone else but we must have your written permission and proper identification from the person you designate. We still need your identification verified by the documents described above.
- The IRS requires employers to retain W-2s for four years. We can only fulfill requests for duplicate W-2s within four years of the date of your request. The IRS recommends that you keep a copy of your W-2s for a minimum of three years.
- **The Payroll Office requires five (5) business days (starting with the date the form is received in payroll) to process your request. There are no exceptions to this rule including during tax time.**

INFORMATION REQUIRED TO PROCESS YOUR REQUEST

Your full name as it appears on the W-2 _____

Your home address _____

Your Social Security Number: _____

Calendar year of the W-2 you are requesting (school year is not acceptable) _____

Following the above guidelines. Will you pick up? Yes _____ No _____

Will someone else pick up? Yes _____ No _____

Name of person authorized to pick up your duplicate W-2 and his/her relationship to you _____

Should we mail the W-2 to your home? Yes _____ No _____

Your signature _____ Date _____

Information Needed for Pick Up

If you pick up, we need your signature to verify receipt along with proper identification.

Signature _____ Date of receipt _____

If the person you designate picks up, we require written permission from you (above), the recipient's signature and proper identification.

Signature: _____ Date of receipt _____