



MAIL TO: EAGLE MOUNTAIN-SAGINAW INDEPENDENT SCHOOL DISTRICT  
1200 OLD DECATUR ROAD, BLDG. 6  
FORT WORTH, TX 76179

**ATTN: PAYROLL DEPARTMENT**

FAX NO.: (817) 232-0238

\_\_\_\_\_  
DATE OF REQUEST

## REQUEST FOR IRS FORM W-2 PLEASE PRINT

Please reissue a WAGE AND TAX STATEMENT (FORM W-2) for the following employee, for the tax year ending \_\_\_\_\_.

**EMPLOYEE NAME:** \_\_\_\_\_  
(First Name) (Middle) (Last Name)

**LAST FOUR SOCIAL SECURITY NUMBERS:** \_\_\_\_\_

**EMPLOYEE CURRENT MAILING ADDRESS:**

\_\_\_\_\_  
(Street Address or PO Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

**WORK LOCATION & NO.:** \_\_\_\_\_

**LOCATION ADDRESS:**

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

**The Form W-2 is requested for the following reason:**

\_\_\_\_\_ Never Received  
\_\_\_\_\_ Misplaced or Destroyed  
\_\_\_\_\_ Social Security Number or Name Incorrect  
\_\_\_\_\_ Other Explain: \_\_\_\_\_

\_\_\_\_\_  
(Employee Signature)

### FOR PAYROLL DEPARTMENT USE ONLY

Date Request Received: \_\_\_\_\_ Original W-2 Retailed: \_\_\_\_\_

Processed By: \_\_\_\_\_ Duplicate W-2 Reissued: \_\_\_\_\_