

Mt. Diablo Unified School District

Request for Corrected or Duplicate Form W-2

Send completed form to: Payroll Department, 1936 Carlotta Drive, Concord, CA 94519

Date of Request

(Payroll will respond within ten business days from the date the request is received)

- Please issue a **duplicate Form W-2** (Wage and Tax Statement) for the year ending _____
- Please issue a **corrected Form W-2**, for the year ending _____

Employee Information

Name: _____

Social Security Number: _____

Current Mailing Address: _____

Work Location: _____

Work Phone: _____ Home/Cell Phone: _____

The duplicate or corrected Form W-2 is requested for the following reason(s):

- Never received
- Social Security Number incorrect
- Misplaced or destroyed
- Name incorrect
- Other: _____

- Please send** the duplicate or corrected Form W-2 to the mailing address above.
- I will pick up** the duplicate or corrected Form W-2 at the Payroll Department. The Payroll Department can notify me by phone when the form is ready for me to pick up.

Employee's Signature

For Payroll Use Only

Received: _____ Complete Incomplete

Reissued: _____

Mailed: _____ Held for pickup: _____

Picked up: _____

Processed by: _____