

Request for Duplicate W-2

Please Print Clearly

Name: _____ **Year Requested:** _____

SSN#: _____ **Employee ID#:** _____
(# can be obtained from Paycheck)

Reason for Request: (Please check one)

- Incorrect Address
- Moved
- Other _____

Requested By: (Please check one)

- Current Employee
- Former Employee
- Other _____

Requested Distribution Method: (Please check one)

- Call for Pick up, Telephone Number: _____
- Mail to Current Address listed below
(Please allow 7-10 business days from date of request)

Old Address Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Current Address Information:

*Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Signature: _____ **Date:** _____

**HCC HR-Employee Records will use the new address provided to update all internal address files in the HCC HR/Payroll system. Please continue to follow the procedure currently in place for updating your address with ERS and TRS.*

Action Taken (To be completed by HCCS Payroll Department)

Request Taken or Received By: _____ Date: _____

Requested Completed By: _____ Date: _____

Distribution to Employee: (Check one)

- Picked up by: _____ Date: _____
- Mailed _____ Date: _____

Forward to the Payroll Department, MC 1116-D or Fax: 713-718-5024