



REQUEST FOR DUPLICATE W-2 FORM

I am requesting a copy of a W-2 Wage and Tax Statement for the tax year ending 19__ , 20__ for the following employee:

Social Security Number

Please Print

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

- Mail to the above address
- Send to building _____
Building Name
- Call for pick up _____
Phone number
- Fax to _____
Fax Number

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

- Never Received
- Social Security Number or Name Incorrect
- Misplaced or Destroyed
- Other _____

Mail this form to: Bloomfield Hills School District
Payroll Department
7273 Wing Lake Rd
Bloomfield Hills, MI 48301

or Fax to: 248-341-5449

Signature _____ Date _____

Payroll Office use only

Date request received _____ Original W-2 re-mailed _____

Processed by _____ Duplicate W-2 reissued _____

