

MAIL TO: MORGAN COUNTY  
P.O. BOX 189  
FORT MORGAN, CO 80701  
ATTN: CENTRAL SERVICES

\_\_\_\_\_  
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 20\_\_\_\_.

EMPLOYEE NAME:\_\_\_\_\_

SOCIAL SECURITY NO:\_\_\_\_\_

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip Code\_\_\_\_\_

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

LOCATION ADDRESS:\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip Code\_\_\_\_\_

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

\_\_\_\_Never Received      \_\_\_\_Social Security Number or Name Incorrect

\_\_\_\_Misplaced or Destroyed      \_\_\_\_Other (Explain)

\_\_\_\_\_  
Employee Signature

FOR DEPT. USE ONLY:

Date request rec'd\_\_\_\_ Processed by:\_\_\_\_ Original W-2 mail\_\_\_\_ Duplicate W-2 reissued\_\_\_\_