

# REQUEST FOR IRS FORM W-2 REPLACEMENT

(Please Print)

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**Please provide a replacement copy of my W-2 Wage and Tax Statement for the following:**

Employee Name: \_\_\_\_\_

Employee SS #: \_\_\_\_\_ School/Dept.: \_\_\_\_\_

Employee Telephone #: \_\_\_\_\_

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

Check all that apply: \_\_\_2018 \_\_\_2017 \_\_\_2016 \_\_\_2015

Reason for duplicate: \_\_\_Never Received \_\_\_Misplaced or Destroyed

\_\_\_Social Security Number or Name is Incorrect

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Please send to:**

\_\_\_ Courier to School/Department

\_\_\_ Home address as listed on W-2

\_\_\_ Other address: \_\_\_\_\_

\_\_\_\_\_  
\*This W-2 request form will not change your address in the master employee records. If this is an official change of address, please complete the [Human Resources \(HR\) address change form](#) and send to HR or update your address in MIC (My Information Center).

\_\_\_ I will pick up. **A Payroll Specialist will contact me to establish a pick up time.**

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**Note:**

**The Replacement W-2 Form CANNOT be faxed to the employee.**

**Please allow 10 to 15 days for processing.**

**Replacement W-2 requests will not be processed before February 15<sup>th</sup> for the current issue**

MAIL TO: School Board of Brevard County  
Payroll  
2700 Judge Fran Jamieson Way  
Viera, FL 32940-6600

FAX TO: (321) 633-3534

FOR DEPARTMENT USE ONLY:

Date request received \_\_\_\_\_

Original W-2 re-mail date \_\_\_\_\_

Processed by \_\_\_\_\_

Duplicate W-2 re-issue date \_\_\_\_\_