

REQUEST FOR IRS FORM W-2 REPLACEMENT

(Please Print)

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

Employee Name: _____

Employee SS #: _____ SCHOOL/DEPT: _____

Employee Tel #: _____

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

Check all that apply: ___ 2011 ___ 2010 ___ 2009 ___ 2008

Reason for duplicate: ___ Never Received ___ Misplaced or Destroyed

___ Social Security Number or Name is Incorrect

Signature

Date

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.

___ I will pick up. A Payroll Specialist will contact me to establish a pick up time.

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 17th 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 _____