

Clark County
Employee Request for Form W-2

Please reissue Form W-2 Wage and Tax Statement for the following employee for the tax year ending December 31, _____

To be completed by employee. Please print clearly.

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

EMPLOYEE CURRENT MAILING ADDRESS:

(STREET)

(CITY, STATE, ZIP)

This form W-2 is requested for the following reason: (Please check the correct box.)

_____ Misplaced or destroyed
_____ Social Security Number or name incorrect
_____ Other, explain: _____

(Signature of employee)

(Date)

=====
For company use only:

W-2 reissued on: _____ Department: _____

Processed by: _____

Mail: _____ In Person: _____ Other: _____