

Sacramento City Unified School District  
**PAY-F008 Request for IRS Form W2**

\_\_\_\_\_  
Date of Request

MAIL TO: SCUSD  
P.O. Box 246870  
Payroll Services Department, Box 772  
Sacramento, CA 95824

**Request for IRS Form W-2**  
(Please print)

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the year ending \_\_\_\_\_:

**EMPLOYEE**

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

WORK SITE/PHONE NUMBER: \_\_\_\_\_

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

Never Received

Social Security Number Incorrect

Misplaced or Destroyed

Name Incorrect

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's signature

**FOR DEPARTMENT USE ONLY:**

Date Request Received: \_\_\_\_\_

Original W-2 Remailed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Duplicate W-2 Reissued: \_\_\_\_\_