

FAX COMPLETED FORM TO:

Office of Human Resources
Payroll Department
3901 South State Street, 2nd floor
Chicago, IL 60609
312-553-2857 (fax)

REQUEST FOR REISSUE OF IRS FORM W-2

Date of Request: (mm/dd/yyyy) _____

EMPLOYEE INFORMATION:

Name: _____	Social Security Number : _____
College/District Office: _____	Employee ID No.: _____
Department: _____	Telephone Number: _____

EMPLOYEE CURRENT HOME MAILING ADDRESS

Street Address: _____		
City : _____	State: _____	Zip Code: _____

Please reissue a Wage and Tax Statement (IRS Form W-2) for the tax year ending: _____

(Note: Per IRS guidelines, W-2 forms are only required to be available for 4 years from date of issue.)

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

Never Received Misplaced or Destroyed Other (please specify) _____

Send the copy of the Form W-2 to:

College/District Office Department US Mail to home mailing address noted above Fax to: _____

Please reissue IRS Form W-2, Wage and Tax Statement for the single tax year requested. I certify I am the employee listed above.

Signature of Employee

Date

For the Office of Human Resources Payroll Department USE ONLY:

Date Received: _____ Date Form W-2 Sent: _____

Processed By: _____

Prepared by the Office of Human Resources: Payroll Department

REVISED November 13, 2023