

Mail To: Sweetwater Union High School District
1130 Fifth Avenue
Chula Vista, CA 91911

Date Of Request

Attention: Payroll Department

REQUEST FOR DUPLICATE W-2
(Please Print)

Please issue a duplicate W2 for the tax year ending 2_____.

EMPLOYEE NAME: _____

SOCIAL SECURITY NO.: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

UPON COMPLETION: Contact Phone Number _____

Send To Site _____

U.S. Mail

Print Name

Signature