

**DAS/HRD HCM PAYROLL SUPPORT  
REQUEST FOR REPRINT OF W-2**

Fax to: Marcella Harper, W-2 Coordinator  
Fax (614) 466-5127

Please reissue a W-2 Wage and Tax Statement for the tax year ending December 31, \_\_\_\_\_

**(PLEASE PRINT)**

Employee Name: \_\_\_\_\_

EEID: \_\_\_\_\_ Agency \_\_\_\_\_ DEPT ID # \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

***The Form W-2 is requested for the following reason: (check box indicated)***

- Never Received
- Misplaced or Destroyed
- Other (Explain) \_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_  
(Agency Payroll Specialist)

Please Note: Reprints will not be accepted for the most current W2 year prior to the designated date in February. Reprints will be sent to the central office payroll contact at the agency.