**Ensure that the most current form is submitted. Refer to EMACS Forms/Procedures website.**

****

W-2 REQUEST FOR DUPLICATE

|  |  |
| --- | --- |
| Fee Schedule | Tax Years Requested |
| ***Tax Year(s)*** | *Fee per Duplicate* |
| Most recent tax year (Feb. 15th to April 15th) | $ 0 |       |
| 2010 to most recent tax year | $11.50 |
| Prior to 2010 | $19.00 |

***►Payment must be received prior to request being processed.***

***►Non-active County-employees must make payment in cash, money order or cashier’s check****.*

*Must print in Black or Blue ink ONLY*

|  |  |  |
| --- | --- | --- |
| Employee ID | Last Name, First Name | Social Security No. |
|       |       |       |
| Mailing Address | City | State | Zip |
|       |       |    |       |

**Note**: Payroll Specialist will update address as needed based upon the above information

If submitting request by mail, submit a check or money order for total amount due made payable to: “County of San Bernardino”. Submit request to: Central Payroll; Attn: W-2 Request Desk; 268 W. Hospitality Lane; San Bernardino, CA 92415-0032

**Check one of the following:**

[ ]  Call when ready to pick up\* [ ]  Send to the mailing address above

\*W-2(s) not picked up after 2 weeks of notification will be mailed to the employee’s current mailing address.

***I understand that by signing this form, I am acknowledging that any check not honored by my bank will result in a $25.00 returned check fee in addition to the payment amount of my request.***

|  |  |  |
| --- | --- | --- |
| Employee Signature | Telephone \*\* | Date |
|  | (     )       |       |

***\*\*Please note: The telephone number provided must accept blocked calls***

|  |  |
| --- | --- |
| **Payroll Specialist Verification:** | [ ]  Address updated |

|  |  |  |
| --- | --- | --- |
| Payroll Specialist Name (Print & Sign) | Telephone | Date |
|       | (     )       |       |

|  |
| --- |
|  |

**Office Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Payment Rec’d** | **Amount Rec’d** | **Type of Payment** | **Receipt Number** | **Processed By** |
|  |  | **Check**[ ]  #\_\_\_\_\_\_\_\_ | **Money Order**[ ]  | **Cash**[ ]  |  |  |

|  |
| --- |
| **Complete if W-2 is mailed to employee** |
| Address Updated(Initials) | Date | Reviewed By(Initials) | Date | **W-2 Mailed By**(Initials) | Date |
|  |  |  |  |  |  |

Complete if W-2 is picked up by employee

|  |  |  |
| --- | --- | --- |
| W-2 Released By(Initials) | Employee Signature | Date |
|  |

*DISTRIBUTION: Original – Central Payroll (0032)*