

**City of Virginia Beach
Finance Payroll Division
Request to Reissue IRS Form W-2**

Finance Payroll Division

2424 Courthouse Drive, Bldg 18, Room 209

Virginia Beach, VA 23456

Tel: (757) 385-4301

Fax: (757) 385-8943

Email: FinancePayroll@vbgov.com

Purpose

Complete this form for all requests to reissue an IRS Form W-2. Type or print clearly. Forward the completed form to the Finance Payroll Division via mail or fax.

Please reissue a Form W-2 Wage And Tax Statement for the following employee for the tax year ending:

2018 Other (List Year(s) requested): _____

Name: (Last) _____ (First) _____ (MI) _____

Social Security Number: _____

CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Location Worked: _____

Form W-2 is requested for the following reason:

- Change of Address
- Never Received
- Misplaced or Destroyed
- Social Security Number or Name Incorrect
- Other (Explain) _____

I understand there will be a \$10.00 processing fee charged for W-2 reissues.

Signature _____ **Date** _____

For Payroll Division Use Only

Date request rec'd: _____ Original W-2 re-mailed: _____

Processed by: _____ Duplicate W-2 reissued: _____