

SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT
Mission Viejo, California

REQUEST FOR REPLACEMENT FORM W-2

MAIL TO: Saddleback Valley Unified School District
25631 Diseno Drive
Mission Viejo, CA 92691
Attention: Payroll Department

Date of Request: _____

FAX TO: Saddleback Valley Unified School District
949/580-3385
Attention: Payroll Department

NOTE: PLEASE ALLOW 10 WORKING DAYS FOR PROCESSING

Please Print or Type

Please re-issue a FORM W-2, WAGE AND TAX STATEMENT for the employee listed below
for tax year ending: _____

EMPLOYEE NAME: _____

Certificate Employee

Classified Employee

Social Security Number: _____

Current Mailing Address:

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

The FORM W-2 replacement request is for the following reasons:

Misplaced or Destroyed

Social Security Number or Name is incorrect (Must submit copy of Social Security Card)

Never received W-2

Other: (Please explain:) _____

Signature of Employee

FOR PAYROLL DEPARTMENT USE ONLY

Date request received: _____

Date duplicate W-2 re-issued: _____

Processed by: _____