

Request for Duplicate or Corrected Wage and Tax Statement (W-2)

For Calendar Year: _____

Please print.

Employee ID	Agency	Daytime Phone Number
Employee Name (Last, First, Initial)		
Current Address (Street, City, State, Zip)		
Former Address if recently changed (Street, City, State, Zip)		
Check one: <input type="checkbox"/> I have lost or not received my W-2 for the year above <input type="checkbox"/> My W-2 form is not correct. (Enclose incorrect W-2 and explanation of error.)		
Employee's Signature	Date	

Please submit the completed form to your Human Resources or Payroll Office.

NOTICE: Name and Home Address number are private data that will be available only to those individuals who need access to conduct legitimate business for Minnesota Management & Budget and to taxing authorities. You are not legally obligated to provide it. However, we may not be able to process this transaction without it.