



Request for Duplicate Form W-2

Please return this form to:

County of Henrico
Payroll Office RM 138
4301 E Parham Road
Henrico, VA 23228

Fax: (804) 501-5380

Please issue a duplicate copy of the Wage and Tax Statement (Form W-2) for the tax year _____ for the following employee:

Employee Name: _____

Last Four Digits of Social Security Number: _____

Distribution of form: **Photo identification such as a driver's license or Employee ID badge is required for all duplicate Form W-2 requests.**

_____ Pick-up from payroll office

If picking up the duplicate Form W-2 in person, please be prepared to show picture ID.

_____ Fax form to: _____

_____ Mail form to: _____

If requesting the duplicate Form W-2 is mailed or faxed, please provide a copy of your photo ID when returning this request form.

Reason for request: _____ Never received in the mail

_____ Misplaced

_____ Destroyed

Employee Signature: _____ **Date:** _____

*** Please allow five business days to process your request.

For Payroll Office Use Only:

Date request received: _____ Date form mailed, picked-up, or faxed: _____

Request fulfilled by: _____