



WVMCC District Payroll W-2 WAGE REISSUE REQUEST FORM

Employee Name: _____

Employee #: G_____

Employee SSN# (Last 4 digits): XXX-XX-_____

Employee Phone #: _____

Email: _____

Current Mailing Address: _____

Please reissue a W-2 Tax Statement for the year of _____

Reason for request:

Never Received

Incorrect Social Security Number

Misplaced or Destroyed

Name Incorrect

Other: _____

Your W-2 reissue request will be processed in approximately 10 business days upon receipt of your request. The W-2 statement will be mailed to the address provided above. **Identity verification is required for all requests.*

I understand the law provides penalties if I make false statements or withhold facts to obtain benefits. I declare under penalty of perjury that the information I am providing and the documents I am submitting are true and correct and belong to me.

Signature (Required)

Date



Payroll Department Use Only

Date Request Received: _____

Date Reissued: _____

Processed by: _____ Date Mailed: _____