

# W-2 Request Form

Copy of Driver License

**Fax to: 816-229-4611**  
**Grain Valley R-5 School District**  
**Director of Finance**  
**P.O. Box 304 Grain Valley, MO.**  
**64029**

## Please Print the Following Information

Please reissue a **WAGE AND TAX STATEMENT (Form W-2)** for the tax year ending: \_\_\_\_\_

*For security purposes, W-2's cannot be faxed to you but will be mailed to your home address below.*

### Employee Information

Employee Name: \_\_\_\_\_

Employee Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Employee Mailing Address

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The FORM W-2 is requested for the following reason:

- Never Received
- Misplaced or Destroyed
- Social Security Number or Name Incorrect
- Other (Explain)

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Employee Signature

FOR PAYROLL DEPT. USE ONLY:

Date request received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Original W-2 remailed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed by: \_\_\_\_\_ Duplicate W-2 reissued: \_\_\_\_/\_\_\_\_/\_\_\_\_