

CITY OF CHICAGO



W-2 REQUEST FORM

Reprint Year(s) Requested _____

EMPLOYEE # _____

Department _____

I am hereby requesting a Duplicate W-2 Form for my wages for the above stated years(s).

Employee Last 4 digit Social Security Number:

X	X	X	-	X	X	-				
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Employee Name _____

Employee # _____

Department _____

Current Address _____

City, State, Zip _____

Date Requested _____

PLACE AN 'X' IN THE APPROPRIATE SPACE:

_____ Please mail _____ Hold for Pick up Phone: _____

Please return this form to:

TO YOUR DEPARTMENT'S PAYROLL/HR DIVISION

Please allow two weeks (14 days) for the W-2 replacements.