

# THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

Payroll and Benefits Accounting Department

75 North Pace Blvd

Pensacola, Florida 32505

Phone Number 850-469-6199

Fax Number 850-469-6353

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## Request for Duplicate W-2 Form

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Instructions: This form is to be used to request a duplicate W-2 form.

Fax or mail this form back with a copy of your photo ID.

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Year(s) Requested \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Day-Time Phone \_\_\_\_\_

New Address \_\_\_\_\_  
Street Address/Post Office Box

\_\_\_\_\_  
City, State and Zip Code

Hold for pick up \_\_\_\_\_ Mail \_\_\_\_\_

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

Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

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### FOR OFFICE USE ONLY

Request Received \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

Processed by \_\_\_\_\_

Mailed/Picked Up \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year