PINELLAS COUNTY SCHOOLS

**REQUEST FOR IRS FORM W-2**

Mail to: Pinellas County Schools
Payroll Department
P.O. Box 2942
Largo, FL 33779-2942

Or Fax: (727) 588-6397

***Please print clearly:***

Please reissue a Wage and Tax Statement (W-2) for the following employee, for the tax year(s) _____.

Employee Name: _____

Social Security Number: (last 4 digits) _____ _____ _____ _____

Telephone Number: Home:_____ Work: _____

Employee's Current Mailing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

I request my W-2 be sent by: (choose one option)

__ Mail to the address above

__ Fax to _____

__ Pony to _____

__ E-mail to _____

__ I will pick up

_____ _____
Employee Signature Date

| ***Department Use Only*** |
| --- |
| W-2 Reissued on:_____ Processed by: _____ |