

**PASSAIC PUBLIC SCHOOLS
BUSINESS OFFICE – PAYROLL DEPARTMENT
REQUEST FOR REPLACEMENT
FORM W-2**

SEND TO: Passaic Board of Education
Business Office – Payroll Department
663 Main Avenue, 11th Floor
Passaic, NJ 07055

DATE OF REQUEST: _____

NOTE: PLEASE ALLOW FIVE (5) WORKING DAYS FOR PROCESSING

Please Print of Type

Please re-issue FORM W-2, Wage and Tax Statement for the employee listed below for the tax year ending 20____.

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

CURRENT MAILING ADDRESS:

Street	City	State	Zip Code
--------	------	-------	----------

The FORM W-2 replacement is requested for the following reason: (Please check one)

- _____ Misplaced or Destroyed
- _____ Social Security Number or Name Incorrect
- _____ Never Received W-2
- _____ Other (please explain): _____

Signature of Employee

FOR PAYROLL USE ONLY:

Date Request Received: _____

Date Replacement W-2 Issued: _____

