Mail	MAU Workforce Solutions		
	501 Greene Street		
	Augusta GA 30901		
Attention	Finance Department		
FAX	706.823.2331		
Email	employeew2@mau.com		
	You must print out and sign		
	before emailing.		

## **REQUEST FOR IRS FORM W-2**

Please reissue a Wage and Tax Stateme	ent (Form W-2) for the	e following employee,	
for the tax year ending			
Employee Name:			
Social Security Number:			
Telephone Number:			
Employee Current Mailing Address			
Street Address:			
City:	_State:	Zip Code:	
The form W-2 is requested for the follow	ving reason		
☐ Never Received			
☐ Misplaced or Destroyed			
☐ Social Security Number or Na	me Incorrect		
Other (Explain)			
Employee Signature		Date	
FOR PAYROLL DEPARTMENT USE ONLY			
Date Request Received:	Original W-2 Re-mailed:		
Processed by:	essed by: Duplicate W-2 Re-issued:		