

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 Statement (Form W-2) for the 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 following reason

- Never Received
- Misplaced or Destroyed
- Social Security Number or Name Incorrect
- Other (Explain) _____

Employee Signature _____ Date _____

FOR PAYROLL DEPARTMENT USE ONLY

Date Request Received: _____	Original W-2 Re-mailed: _____
Processed by: _____	Duplicate W-2 Re-issued: _____