



## Request for Duplicate W-2 & Change of Address Form

Please fax form to 816-235-5515 or mail to 5100 Rockhill Road, Administrative Center 226, Kansas City, MO 64110

Please print the requested information

Employee ID Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

### HOME/MAILING ADDRESS

Street: \_\_\_\_\_

Apt: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

I am requesting my duplicate W-2 form(s) be: *(please check one)*

- sent to the address listed above
- picked up in Human Resources (AC 226)

Please provide the year for which you want the duplicate W-2: \_\_\_\_\_

Please provide the phone number or email address where you can be easily reached during business hours.

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\* The processing of duplicate W-2 form requests for the previous year will begin the third week of February. Requests will be processed within two business days of being received in Human Resources.

All requests for duplicate W-2's must include your signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_