



W-2 Correction Request Form

EMPLOYEE ID	EMPLOYEE NAME			DEPT ID	SOCIAL SECURITY NUMBER
	LAST	FIRST	M.I.		

FOR PICK UP

FOR MAILING (Please include employee address below)

ADDRESS	CITY	STATE	ZIP

TAX YEAR TO BE CORRECTED:

REASON FOR CORRECTION:

Include copies of supporting documentation when submitting form.

PAYROLL OFFICER SIGNATURE	EMAIL	NUMBER	DATE

FOR CONTROLLER USE ONLY

Was a prior W-2 issued for correction year: _____ Date issued if yes: _____

Correction made: _____