OFFICE OF THE CONTROLLER PAYROLL DIVISION

W-2 Reissue Form

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

1. **Are you a current City and County of San Francisco employee?**
   - If no, please pay $20.00 per tax year needed by a money order available from the U.S. Post Office or your bank made out to the City and County of San Francisco.
   - If yes, you may pay $20.00 per tax year needed by money order or personal check to the City and County of San Francisco.
2. **Are you picking up the reissued form in person?**
   - Present your current State Issued ID, City and County of San Francisco ID, or passport to Payroll Division staff when picking it up at:

     Office of the Controller Payroll Division
     1 Dr. Carlton B. Goodlett Pl., Rm 488
     San Francisco, CA. 94102
3. **Would you like the reissued form mailed to you instead?**
   - Enter your address below.

ADDRESS	CITY	STATE	ZIP

4. **For which tax year(s) do you need a reissued W-2 form?** _____

5. **Please sign and date your request below.**

EMPLOYEE SIGNATURE	DATE

FOR CONTROLLER USE ONLY

Date payment forwarded to City Hall: Date replacement issued: