

***** Duplicates will be issued on Tuesdays & Thursdays *****

	(Indicate Year)
	(Indicate Year)
	(Indicate Year)

	-
Name:	
Last 4 Digits of Social Security Number:	
Z Number:	
Contact Phone:	
Email:	

Distribution of W-2 form (due to confidentiality, W-2's will not be FAXED):

Pick up at Payroll Office (Otowi Bldg 261):	
Send to Mailstop:	
Send to Email*:	
Send to home address:	

Reason for request (check one):

Never Received
 Lost/Misplaced/Destroyed

Signature

Employee Signature	Date
Please return this form to:	Email: tax@lanl.gov (send form as attachment) or Mail: LANL Tax Department PO BOX 1663, MS P128 Los Alamos, NM 87545

TAX DEPT. USE: Date request processed: _____

*Will be sent encrypted via transfer.lanl.gov