**State of iowa Centralized payroll employee**

**Duplicate W-2 Wage and Tax statement**

**request form**

Department Employed        Today’s Date

Employee Name

Current Street Address

City       State        Zip Code

Tax Year(s) Requested        Daytime Phone No.

Social Security No        **NOTE:** *E-mailed forms will not be processed by Centralized Payroll*

**Duplicate W-2 Request forms received by email will not be accepted.**

 **Reissuance of a Duplicate W-2 may require up to two weeks.**

The undersigned requests a duplicate W-2 Wage and Tax Statement be issued by the
Iowa Department of Administrative Services at a fee of $5.00 for each tax year requested.

 *Employee Signature*

 [ ]  Cash - Exact amount only

 [ ]  Check - Payable to: *Treasurer, State of Iowa*

**How would you like this form returned to you?**

Mail this form to:

 DAS-SAE Centralized Payroll

 Hoover State Office Building, 3rd FL

 1305 E Walnut Street

 Des Moines, IA 50319

 [ ]  Mail to the above address/USPS

 [ ]  Local Mailed to my Dept Human Resources Associate

**For SAE Office Use Only**

 Date Received Received By

 Amount Received $ Payment Recorded By

 Print Date Printed By

 Mailed / Local Mailed / Picked Up