**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