

EMPLOYEE'S REQUEST FORM - DUPLICATE W-2

Submit the completed form to **Payroll Services (Attention to Delicia Lie)** via mail, fax or email.

By Mail: **Los Angeles Community College District**
770 Wilshire Boulevard - 5th Floor (Payroll Services)
Los Angeles, CA 90017

By Fax: (213) 891-2011

By email: dlie@email.laccd.edu

Employee Name: _____

Employee Number: _____

Social Security Number: _____

W-2 Tax Year: _____

Mailing Address: _____

Email Address: _____

Telephone Number: _____

W-2 Disposition (Check One Box) Payroll Pick-up (Please present photo identification)

U.S. Mail

We do not FAX or EMAIL duplicate W-2

Reason for request (Check One) Never received

Lost/Misplaced/Destroyed

Please allow approximately three (3) working days processing time after receipt of request by Payroll Service.
For deceased employee, please provide the copy of Death Certificate, Photo ID and Form DE-150 (Appointment Letter as an administrator)
District only provide the duplicate of W-2 Form for the last five (5) years.

Signature: _____ Date: _____