

W-2 REQUEST FORM



Copy of Driver License

Fax To: Corporate Payroll (858) 826-6998

Mail To: SAIC Corporate Payroll
10260 Campus Point Drive, M/S E-1
San Diego, CA 92121

** Please include a copy of your driver license for proof of identity.*

PLEASE PRINT INFORMATION

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the tax year ending _____.

EMPLOYEE NAME: _____ PHONE #: _____

EMPLOYEE NUMBER: _____

SOCIAL SECURITY #: _____

For security purposes, W-2's cannot be faxed and will be mailed to your home address below.

CURRENT MAILING ADDRESS:

Street Address _____

City _____ State _____ Zip Code _____

The FORM W-2 is requested for the following reason:

- Never Received
- Misplaced or Destroyed
- Social Security Number or Name Incorrect
- Other (Explain) _____

Date of Request

Signature of Employee

FOR PAYROLL DEPT. USE ONLY:

Date request received: _____

Original W-2 remailed: _____

Processed by: _____

Duplicate W-2 reissued: _____