

W-2 REPLACEMENT / CORRECTION REQUEST FORM

This form must be filled out
by the Departmental Payroll Office and sent to PPSD

INSTRUCTIONS - Please print or type:

1. Complete Section 1 and obtain the Payroll Officer's signature at the bottom of Section 1.
2. Refer to either **Replacement W-2**, Section 2 or **Corrected W-2**, Section 3, and follow instructions

SECTION 1 <i>MUST BE COMPLETED FOR ALL REQUESTS</i>	
Employee name _____	Employee # _____
Social Security # _____	Dept. Name and # _____
Address where the W-2 should be mailed: _____ _____	
Payroll Officer's Signature _____	_____
Date _____ / _____ / _____	Phone # _____

Replacement W-2

To obtain a **replacement W-2**, complete **Section 2** of this form and **attach a \$20 payment** (check or money order) made payable to *City and County of San Francisco*. Send payment to; **PPSD, 875 Stevenson, Room 235, Attn: Tax Unit.**

Please Note: Non-active employees must pay by money order.

SECTION 2 <i>Complete only for a REPLACEMENT W-2</i>	
Replacement W-2 for tax year: _____	
Check # _____ attached	Money Order # _____ attached

Corrected W-2

To obtain a **corrected W-2**, complete **Section 3** of this form and send the form to; **PPSD, 875 Stevenson, Room 235, Attention: Tax Unit.**

SECTION 3 <i>Complete only for a CORRECTED W-2</i>	
Corrected W-2 for tax year: _____	
Describe the problem (please explain fully) and attach copies of supporting documentation (such as pay statements, Report 10, etc.): _____ _____	

FOR PPSD USE ONLY	
Replacement W-2:	Payment forwarded to City Hall on ____ / ____ / 201__ (date)
	Replacement issued ____ / ____ / 201__ (date)
Corrected W-2:	Was a prior W-2 issued? NO / YES. If yes, date issued: ____ / ____ / 20__
	Specify corrections that were made _____ _____ _____
Prepared by: _____	Phone #: _____ Date: ____ / ____ / 201__