



# REQUEST FOR REPLACEMENT OF W2 TAX FORM

To request a replacement copy of your W2 Tax Form, please provide the information below. Please print neatly, and make sure you sign and date the form at the bottom of the page.

Form Requested:	Your Legal Name:
Tax Year Requested:	Your Social Security Number (or SID):

Please indicate below how you would like to receive your replacement Tax Form:

<input type="checkbox"/>	I will pick the W2 Tax Form up at the Human Resources Office in 5 business days.
<input type="checkbox"/>	Please mail the W2 Tax Form to me at the address below.

Please provide your current mailing address and a telephone number where you can be reached during the day. Due to confidentiality issues, W2 Tax Forms will not be faxed.

Street Address			
City			
State/Province		Country:	Zip/Postal Code:
Daytime Telephone #		E-mail address	

Is this a new address?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

<b>Your signature</b>	
<b>Date</b>	

Please forward the completed form to:

Highline College – Human Resources  
PO Box 98000 – MS 99-200  
Des Moines, Washington 98198-9800

Or

Fax to (206) 870-3773

For Office Use Only

<input type="checkbox"/>	Original W2 Reissued	Date	
<input type="checkbox"/>	Duplicate W2 Reprinted and Reissued	Date	