Request for Duplicate IRS Form W-2 Please Print

Mail To:Kenmo Attn: Fax #:	Kenmore-Town of Tonawanda Sc 1500 Colvin Blvd. Buffalo, NY 14223 Human Resources Depar 716-874-8546			Date of Request
	a Wage and Tax Stateme			employee, for the tax
EMPLOYEE N	AME (PRINT):			
Employee ID #:				
Street Address				
City:		State	Zip Code	
Work Location:				
Location Addre	SS:			
City:		State	Zip Code _	
The FORM W-2	2 is requested for the fo	llowing reas	on:	
Never Received Misplaced or Destroyed Social Security Number or Name Incorrect The dog ate it. Other (Explain)				
Signature of Er	nployee			
For Payroll Dep	artment Use Only:			
Date request received:		Original W-2 remailed:		
Processed by:		Duplicate W-2 reissued:		
Date Payment Received:		Received Cash / Check #		
	are done on Thursdays of er 2 PM on Thursdays.	only, after Ja	anuary 31 st . Can b	<u>e picked in Human</u>