



# CITY OF HOUSTON

Administration & Regulatory Affairs

## REQUEST FOR DUPLICATE W-2 FORM

To: PAYROLL SERVICES

Date: \_\_\_\_\_

.....  
I am requesting a duplicate W-2 form for calendar year \_\_\_\_\_

**(Please TYPE or PRINT)**

NAME: \_\_\_\_\_

EMPLOYEE ID NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

DEPARTMENT NAME & NUMBER: \_\_\_\_\_

I want my duplicate W-2 form mailed to me. My current mailing address is:

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I want to pick up my duplicate W-2 form at my department payroll office.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**MAIL** this form to: City of Houston                      OR                      **FAX** it to: 832-393-8520  
Payroll Services  
611 Walker, 13<sup>th</sup> Floor  
Houston, TX 77002

To check on the status of your request, call 832.393.8900

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**NOTE: Requests received at Payroll Services Central Payroll Division, after 12:00pm on Wednesday, will be processed the next week.**

