



### REQUEST FOR W-2 REPLACEMENT FORM

*Please complete, print and sign this form.*

*All Requests for replacements should be either faxed or forwarded to the BISD Payroll Department.*

I REQUEST A REPLACEMENT W-2 FORM FOR THE \_\_\_\_\_ YEAR.

EMPLOYEE NAME: [AS LISTED ON PAY VOUCHER]	SOCIAL SECURITY NUMBER:
EMPLOYEE ID #:	

**REASON FOR REPLACEMENT:**

I have lost / misplaced my W-2 Form and understand that a \$10.00 replacement fee will be charged.  
I did not receive my W-2 due to an address change. I understand that a \$5.00 fee will be charged.

NEW ADDRESS:

**PAYMENT METHOD:**

CASH

CHECK

PAYROLL DEDUCTION

I wish to pay for my replacement form through payroll deduction. By signing below, I authorize a deduction to be made by the Birdville Independent School District on my next pay voucher.

*PLEASE NOTE: This option is only available for current, full-time employees.*

EMPLOYEE'S SIGNATURE:

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**PAYROLL USE ONLY**

FEE \_\_\_\_\_

METHOD OF PAY \_\_\_\_\_

METHOD OF DELIVERY \_\_\_\_\_

DATE RELEASED \_\_\_\_\_