

# EAST SIDE UNION HIGH SCHOOL DISTRICT

## W2 REQUEST FORM

MAIL TO: EAST SIDE UNION HIGH SCHOOL DISTRICT  
830 NORTH CAPITOL AVENUE  
SAN JOSE, CA. 95133

ATTN: PAYROLL

Please reissue a W2 from the calendar year: \_\_\_\_\_

**PLEASE PRINT CLEARLY:**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

School Site/Extension: \_\_\_\_\_

**Enclosed is \$10.00 to cover the costs of replacing the W2 Form.  
Checks should be made payable to *East Side Union High School District*.**

**(Any W2's being requested for years prior to 2001, cannot be duplicated.  
You must contact your local I.R.S. office to receive a copy).**

The W2 is being requested for the following reason:

\_\_\_\_\_ Lost or Destroyed

\_\_\_\_\_ Moved, left no forwarding address

\_\_\_\_\_ Other (Explain) \_\_\_\_\_

\_\_\_\_\_  
Requestor's signature (required)

\_\_\_\_\_  
Date of Request (required)

**FOR PAYROLL USE ONLY:**

Processed By: \_\_\_\_\_ Duplicate re-issued: \_\_\_\_\_

Mailed via U.S. Mail: \_\_\_\_\_ District Mail to Site: \_\_\_\_\_