



Request for Replacement Tax Form

To request a replacement copy of your Tax Form, please provide the information below. Please print neatly or enter digitally, and make sure you sign and date the form at the bottom of the page. Replacement tax forms will be provided for tax year 2008-present only.

Form Requested (Please indicate needed form):		Tax Year Requested:	
<input type="checkbox"/> W2 <input type="checkbox"/> 1099		PE ID #:	
Legal Name:		SSN (or ITIN if any):	

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

<input type="checkbox"/> I will pick it up at the Payroll Office in 5 business days.	<input type="checkbox"/> Please mail it to me at the address below.
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Please provide your current mailing address and a telephone number where you can be reached during the day. Due to confidentiality issues, **forms will not be faxed.**

Street Address:			Apt #:		
City:		State:		Zip Code:	
Daytime Telephone:			Email Address:		
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is it current with HR Records? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I acknowledge that all the above information is correct.

Signature:		Date:	
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Please forward the completed form to:	- OR -	Fax to:
Reynolds School District - Payroll Office 1204 NE 201st Avenue, Fairview, OR, 97024		(503) 667-6932

For Office Use Only

<input type="checkbox"/> Original W2 Reissued	Date:	<input type="checkbox"/> Original 1099 Reissued	Date:
<input type="checkbox"/> Duplicate W2 Reprinted and Reissued	Date:	<input type="checkbox"/> Duplicate 1099 Reprinted and Reissued	Date: