REQUEST FOR RE-ISSUED COPIES OF FORM W-2
FOR TERMINATED CITY EMPLOYEES

Mail to: CITY OF PORTLAND
1120 SW 5th Ave., Room 404
Portland, OR 97204
ATTN: PROCESSING SERVICES GROUP

Please provide a "Re-issued" copy of the WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year ending _____. **There is a $5.00 fee for each calendar year requested.**

EMPLOYEE NAME:_____

SOCIAL SECURITY NO.:_____

Distribution of Form: (Check One)
( ) Pick-Up from OMF front Desk
_____**Phone number to notify when Re-issued Form W-2 is ready.**
( ) Mail Form (write your address below)

Street Address:_____

City:_____State:_____ZIP Code:_____

Copy of FORM W-2 is requested for the following reason:
_____ Sent to old address
_____ Misplaced or destroyed
_____ Social Security Number or Name Incorrect
_____ Other (explain)_____

Form of Payment:
Cash _____
Check No. _____**Payments to be made at the City's Treasurer's Office, City Hall, 1221 S.W. 4th Avenue, Room 120.**

Proof of Payment: Treasury Receipt No.: _____ **Please attach a copy of the receipt to the filled out request.**

Signature of Employee:_____

If requesting that the form be mailed, please provide copy of picture identification such as driver's license (former employees) or ID badge (current employees) along with this request form. If picking up the re-issued Form W-2 in person, please be prepared to show picture ID such as driver's license (former employees) or your ID badge (current employees). **Allow three business days to process your request.**

PROCESSING SERVICES SECTION USE ONLY:

Date request received:_____ Date Re-issued W-2 sent:_____

Received by employee:_____
Signature of Employee