

MAIL TO: CENTRAL TEXAS COLLEGE  
ATTN: PAYROLL SERVICES  
PO BOX 1800  
KILLEEN, TX 76540-1800  
EMAIL: [Marjorie.Taylor@ctcd.edu](mailto:Marjorie.Taylor@ctcd.edu)

DATE: \_\_\_\_\_

FAX #: 254-526-1170

**(PLEASE PRINT)**

Please reissue Wage and Tax Statement (Form W-2) for the tax year(s) ending: \_\_\_\_\_

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

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

CURRENT STREET ADDRESS: \_\_\_\_\_

CURRENT CITY: \_\_\_\_\_

CURRENT STATE: \_\_\_\_\_

CURRENT ZIP CODE: \_\_\_\_\_

CURRENT TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CURRENT EMAIL ADDRESS: \_\_\_\_\_

CTC Work Location (City, State/Country): \_\_\_\_\_

**The Form W-2 is requested for the following reason (circle response):**

Never received

Misplaced or destroyed

Social Security number incorrect (copy of SSA card must be attached)

Name incorrect (copy of SSA card must be attached)

Other:

SIGNATURE: \_\_\_\_\_

IF YOU RECEIVE YOUR ORIGINAL W-2, PLEASE NOTIFY US IMMEDIATELY AT  
1-800-223-4760 (IN STATE) or 1-800-792-3348 (OUT OF STATE), EXTENSION 1436.

**FOR DEPARTMENT USE ONLY:**

Date request received: \_\_\_\_\_ Date original W-2 re-mailed: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date duplicate W-2 reissued/mailed: \_\_\_\_\_