

CITY OF CHICAGO



**W-2 REQUEST FORM**

Year(s) Requested \_\_\_\_\_ Date Requested \_\_\_\_\_

**I am hereby requesting a Duplicate W-2 Form for my wages for the above stated years(s).**

Employee Social Security Number:

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Employee Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Department \_\_\_\_\_

**PLACE AN 'X' IN THE APPROPRIATE SPACE:**

\_\_\_\_ Please mail      \_\_\_\_ Hold for Pick up      Phone: \_\_\_\_\_

Please return this form to:

Office of the City Comptroller  
Payroll Division  
333 South State Street  
Suite 320  
Chicago, Illinois 60604  
(Fax Number 312-745-3540)

**Please allow two weeks (14 days) for the W-2 replacements.**

To be completed by the City Comptroller's Office:

Date Received \_\_\_\_\_ Date Mailed/telephoned for pick-up \_\_\_\_\_

Completed by: \_\_\_\_\_