

REPLACEMENT W-2 FORM  
(Please Print)

Year of form \_\_\_\_\_

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

Employee ID or Social Security Number \_\_\_\_\_

\*\*\*\*\*As of 2013 your W-2 is available online through Munis Employee Self Service (district website, click on Staff, click on Munis Employee Self Service—username is your employee id without any leading zeros and your **initial** password is the last 4 digits of your social security number)\*\*\*\*\*

Reason for replacement:

\_\_\_\_\_ Lost, misplaced, etc. (\$5.00 fee)

\_\_\_\_\_ Never received (no Charge)

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment Method

\_\_\_\_\_ Cash

\_\_\_\_\_ Check

\_\_\_\_\_ I wish to pay for my replacement form through payroll deduction, I authorize a deduction to be made on my next paycheck (this option is only available if you are a current full time employee). If choosing this option, then please state how you wish to receive your form if you are not picking it up in person:

Fax to: \_\_\_\_\_

Email to: \_\_\_\_\_

Mail to: \_\_\_\_\_

Signature: \_\_\_\_\_

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Payroll Use Only

Deduction Code - 9045

Fee \_\_\_\_\_

Method of pay \_\_\_\_\_

Method of delivery \_\_\_\_\_

Date released \_\_\_\_\_