



BIRDVILLE INDEPENDENT SCHOOL DISTRICT
PAYROLL DEPARTMENT

Fax: (817) 547-5548

REQUEST FOR W-2 REPLACEMENT FORM

Please complete, print and sign this form.

All requests for replacements should be either faxed or forwarded to the BISD Payroll Department.

I REQUEST A REPLACEMENT W-2 FORM FOR THE _____ YEAR.

EMPLOYEE NAME: [AS LISTED ON PAY VOUCHER]	SOCIAL SECURITY NUMBER:
EMPLOYEE ID #:	

REASON FOR REPLACEMENT:

I have lost / misplaced my W-2 Form and understand that a \$5.00 replacement fee will be charged.
I did not receive my W-2 due to an address change. (No fee will be charged for replacement).

NEW ADDRESS:

PAYMENT METHOD:

CASH

CHECK

PAYROLL DEDUCTION

PAYROLL DEDUCTION - I wish to pay for my replacement form through payroll deduction. By signing below, I authorize a deduction to be made by the Birdville Independent School District on my next pay voucher.

PLEASE NOTE: *This option is only available for current, full-time employees.*

I request my replacement W-2 form be sent by:

FAX:

EMAIL:

MAIL:

(List complete mailing address)

EMPLOYEE'S SIGNATURE: _____

Please print, sign and return to completed form to the BISD Payroll Department.

PAYROLL USE ONLY

FEE _____

METHOD OF PAY _____

METHOD OF DELIVERY _____

DATE RELEASED _____

DEDUCTION CODE: **9045**