



## REQUEST FOR DUPLICATE FORM W-2 (2019) ONLY

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

- **All** requests received must be accompanied by a photo id
- **No** faxed copies of this form will be accepted
- This form may be submitted in person or mailed to:
  - JPS Business Office
  - Attn: Sharolyn Miller
  - 662 South President Street
  - P.O. Box 2338
  - Jackson, MS 39225-2338
  - (if mailed, a legible copy of a photo id **must accompany** the request form)
- I want my W2 (mark one):

\_\_\_\_\_ Placed on the Pony to: \_\_\_\_\_ JPS Location

\_\_\_\_\_ Mailed to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### For Office Use Only:

Photo ID verified by: \_\_\_\_\_ Date/Time Request Received: \_\_\_\_\_

Date/Time W2 issued: \_\_\_\_\_