Request for Dup	licate Form W-2 for Tax	Year: (fill in	.)	
Please return this form to:				
Pa P · Pr Fa	ternational Schools Servic lyroll Department O Box 5910 inceton, NJ 08543-5910 lx: 609-452-1154 mail: Kmcewen@ISS.edu			
Please issue a duplicate copy of employee:	the Wage and Tax Statem	ent (Form W-2) for the	following	
Employee Name:				
Social Security No:				
Badge # (for current employees)	: <u> </u>			
Distribution: (Select One)	Employee Pick up fr	Employee Pick up from Payroll Mail form		
Mail form to:				
Street address				
City	State	Zip Code		
Reason for request: (select one)	Never received	Lost/Misplaced/Destro	oyed	
Signature of Employee:				
Allow five business days to prod	cess your request.			
For Payroll Department use only	<i>7</i> :			
Date request received:	Date form ma	Date form mailed to employee:		
Received by employee:				
Si	gnature of Employee			