

# W-2 Processing Request Form

## Instruction for Organization Representatives

Send Duplicate Requests via Email to:  
[PHRST\\_YearEndFormduplications@delaware.gov](mailto:PHRST_YearEndFormduplications@delaware.gov)

Remit Payments via Inter-state Mail to:  
Delaware PHRST  
SLC D620

There is a **\$5.00** administrative fee **for each tax year**. Checks should be made payable to the **State of Delaware**. Please submit only one form and payment for multiple year requests.

**Reminder:** Active employees must access W-2's for Tax Years 2013 and greater on-line through Employee Self-Service. **Requests for these duplicates will not be accepted.** Election Poll Worker W-2's are not available on-line.

**PHRST must reflect the current employee address prior to submission of this form.**

Please reissue my employee Form W-2 for tax year(s): \_\_\_\_\_

Please reissue my Election Poll Worker Form W-2 for tax year(s): \_\_\_\_\_

### **EMPLOYEE INFORMATION (Completed by employee and returned to employer)**

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

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SIGNATURE OF EMPLOYEE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **EMPLOYER INFORMATION (Completed by employer and returned to PHRST)**

Organization Name: \_\_\_\_\_

Department ID: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Representative Email Address: \_\_\_\_\_

**Note: Duplicate will be emailed to the agency representative. If initialed here, it will be mailed to the address in PHRST: \_\_\_\_\_**

Phone: \_\_\_\_\_

----- FOR PHRST USE ONLY -----

**PAYMENT:**    **CHECK**    **MONEY ORDER**    **CASH**   Date Payment Received: \_\_\_\_\_

Date Received: \_\_\_\_\_      **Date Completed:** \_\_\_\_\_

Comments: \_\_\_\_\_