

State of Mississippi
Department of Finance and Administration
Request for Hard Copy of W-2

I request a copy of my W-2 for the year(s) indicated below. I understand there may be a cost associated with my request and that I must allow 30 days from the date post-marked/faxed for my request to be processed.

I also understand that my W-2(s) will be sent to my agency. The agency will then forward the W-2 to me.

Employee Name _____

Employee Social Security Number: _____ - _____ - _____

Employee PID Number: _____

Tax Year(s) Requested: _____, _____, _____ (ex. 2006, 2007)

Employee Address: _____

Employee Phone: (_____) _____

Employee E-mail: _____

Currently Employed: Yes ___ No ___ SPAHRS Agency Number: _____

SPAHRS Agency Name _____

Employee Signature: _____

Agency Payroll/Personnel Signature: _____

This form must be delivered to employee's agency payroll or personnel office.
The agency will forward the request (by mail or fax) to DFA.

Mail:

Department of Finance and Administration
Office of Financial Reporting
ATTN: Donna McFarland
P. O. Box 1060
Jackson, MS 39205-1060

Fax:

Department of Finance and Administration
Office of Financial Reporting
ATTN: Donna McFarland
FAX: (601) 359-3896