

State of Mississippi
Department of Finance and Administration
ACE Electronic W-2 Registration Cancellation Form

Please cancel my registration for electronic access to my Form W-2. By canceling my registration, I understand and acknowledge that my W-2 will be mailed to the address maintained in the Statewide Payroll and Human Resource System (SPAHRS) for the next applicable tax year. I also understand that I must allow a minimum of 30 days for this cancellation to become effective.

I also understand that I have the right to re-register through the Access Channel for Employees (ACE) found on the Internet at Mississippi.gov at any time to again receive my W-2 electronically.

Date: _____

Name: _____

Social Security Number: _____-_____-_____

PID Number: _____

Address: _____

Phone: (_____) _____

E-mail: _____

Signature: _____

This form must be mailed or faxed as follows:

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