

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

The Request for Hard Copy of W-2 is submitted by fully completing the form, as outlined below. Processed W-2 Requests are sent to the employing Agency. The Agency is responsible for forwarding the W-2 to the employee. A cost can be associated with this request; so please consult with your Payroll or Human Resources Office on cost and/or any additional questions you may have. **Note:** Request for W2 with Corrected SSN must be corrected in SPAHRS prior to submittal.

**Allow 30 days from the post-mark of U.S. Mail or Fax for all request to be processed.**

Request for Duplicate Copy of W2    or     Request for W2 with Corrected SSN

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

Employee Social Security Number: \_\_\_\_\_

Employee PID Number (00000 + ACE Six Digit Number): \_\_\_\_\_

Tax Year(s) Requested: \_\_\_\_\_

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

Employee City, State and Zip Code: \_\_\_\_\_

Employee Phone Number (Area Code + Number): \_\_\_\_\_

Employee E-mail Address: \_\_\_\_\_

Currently Employed: Yes  No  SPAHRS Agency Number: \_\_\_\_\_

SPAHRS Agency Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Agency Representative Printed Name & Dept: \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_

Agency Representative Phone Number (Area Code + Number): \_\_\_\_\_

**This form must be delivered to the employee's hiring Agency's Payroll or Human Resources Office. The Agency's Payroll or Human Resources Representative must sign and forward the form to the MS Department of Finance and Administration.**

**MAIL:**

Department of Finance and Administration  
Office of Financial Affairs  
ATTN: Angela Tyler  
P.O. Box 1060  
Jackson, Mississippi 39215-1060

**FAX:**

Department of Finance and Administration  
Office of Financial Affairs  
ATTN: Angela Tyler  
**FAX:** (601) 359-3896