

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

Please cancel registration for electronic access to my W-2 Form. By canceling this registration, I understand and acknowledge that my W-2 will be mail to address on file in the Statewide Payroll and Human Resource System (SPAHRS).

If, at any time, I change my mind; I will re-register for electronic access to my W-2 Form through the Access Channel for Employees (ACE) found on the internet at: www.Mississippi.gov

Allow minimum of 30 days for effective date of cancellation.

Date: _____

Employee Name: _____

Employee Social Security Number: _____

Employee PID Number (00000 + ACE Six Digit Number): _____

Employee Street Address: _____

Employee City, State and Zip Code: _____

Employee Phone Number (Area Code + Number): _____

Employee E-mail Address: _____

Employee Signature: _____

This form must be mailed or faxed to the MS Department of Finance and Administration using the information, as outlined below:

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

EMAIL:
financialaffairs@dfa.ms.gov