



NAVAJO NATION

OFFICE OF THE CONTROLLER

PAYROLL SECTION

P.O. Box 3150 • Window Rock, Arizona 86515 • (928) 871-6398
E-Mail: payrolldocs@nnooc.org

REQUEST FOR IRS FORM (W2)

ATTN: Office of the Controller, Payroll Section

Please re-issue a WAGE/TAX STATEMENT (Form W-2) for the following employee for TAX YEAR ENDING 20_____

NAME: _____

SOCIAL SECURITY # _____ - _____ - _____

CURRENT MAILING ADDRESS:

P.O. Box/Street Address: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK LOCATION AND DEPARTMENT NUMBER: (LAST EMPLOYEMENT)

Department Name: _____

Department Number: _____

THE FORM W-2 REQUESTED FOR THE FOLLOWING REASON:

- Never Received Misplaced or Destroyed
 Social Security # or Name Incorrect Other (Explain) _____

Employee Signature

Date

FOR PAYROLL DEPARTMENT USE ONLY:

Processed by: _____
Payroll Personnel **Date**

Mailed/Picked up by: _____
Employee Signature **Date**