



NAVAJO NATION

OFFICE OF THE CONTROLLER

PAYROLL SECTION

P.O. Box 3150 • Window Rock, Arizona 86515 • (928) 871-6398
E-Mail: ooc.payrolldocs@navajo-nsn.gov.

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:

<input type="checkbox"/> Never Received	<input type="checkbox"/> Misplaced or Destroyed
<input type="checkbox"/> Social Security # or Name Incorrect	<input type="checkbox"/> Other (Explain) _____

Employee Signature

Date

FOR PAYROLL DEPARTMENT USE ONLY:

Processed by: _____ **Payroll Personnel** _____ Date

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