

ARIZONA

DEPARTMENT OF ADMINISTRATION
GENERAL ACCOUNTING

DUPLICATE W-2 REQUEST FORM

INSTRUCTIONS

For W-2s issued in the current year, do not submit requests prior to February 1st. This will allow time for delivery of the original W-2.

Requests received prior to February 1st will not be processed.

Requests are not filled on demand, they are processed in the order received. Requests must be signed by the requestor of the W-2. W-2s cannot be faxed. Please print clearly.

W-2s are available online for all State employees paid by the State payroll system. W-2s can be saved or printed immediately via the Pay Docs website at: <https://paydocs.az.gov/loginso.aspx> instead of using this request form. State employees who have separated within the past 4 years still have access. If you forgot your password, please use the online password reset tool at: <https://hrsystems.azdoa.gov/reset> or phone password reset tool at: (602) 542-4700

Once completed, send request by mail, fax, or email to:

Mail: General Accounting Office
Central Payroll
100 North 15th Avenue, Suite 302
Phoenix, Arizona 85007

Fax: (602) 364-2215

Email: Central.Payroll@azdoa.gov

EMPLOYEE INFORMATION	REQUESTOR INFORMATION
Employee Name: _____	Requestor's Name: (if different from employee's) _____
Employee ID Number (EIN): _____	Requestor's Mailing Address*: _____
Agency: _____	Requestor's City, State, ZIP*: _____
W-2 Year(s) Requested: _____	*This will not update the employee's address in our system. If the address needs to be updated, the employee will need to login to the YES website at https://hrsystems.azdoa.gov or contact their agency HR/Personnel office.

DELIVERY METHOD

SELECT ONE

- E-Mail:** The W-2 will be securely emailed to the requestor's email address provided below. The email will expire five days after it is sent. The W2 PDF can be saved to your personal device.
- Mail:** The GAO will mail the W-2 to the requestor's mailing address provided above. W-2s will be mailed only once per week.
- Repeated requests for duplicate Forms W-2 may result in the imposition of a fee

DECLARATION

SELECT ONE

- I declare that:
- I am requesting my own W-2.
 - I have a power of attorney from the employee (attached) that authorizes me to obtain the employee's W-2.
 - I have been authorized by court order or subpoena (attached) to obtain the employee's W-2.
- I declare that the employee died on _____ (death certificate attached). I also declare:
- I am the Personal Representative, Administrator, Executor, or Trustee of the Estate of the employee as authorized by the executed will or court document (attached).
 - I am the surviving spouse of the employee or have a power of attorney (attached) that authorizes me to act on behalf of the surviving spouse.
 - I have a material interest in the W-2 information and I am a successor of the employee or have a power of attorney (attached) that authorizes me to act on behalf of a successor.

Requestor's Signature (Required)

Date

Requestor's Phone Number (Required)

Requestor's Email (Optional)