Ensure that the most current form is submitted. Refer to EMACS Forms/Procedures website.

## W-2 RECEIPT FOR RELEASE OF RETURNED W-2

Must print in Black or Blue ink ONLY

Employee ID	Last Name, First Name					
Home Address  Mailing Address (if different from above			City		State State	Zip
		ove)				
Note: Address will be up	odated as needed ba	ased upon the above inf	ormation			
Check one of the fo		•				
☐ Employee pick up	_		☐ Send to the	mailing a	ddress abo	ve
		ayroll within two week				
mailing address	ap irom Central Fa	ayron within two week	s of flotilloation,	it will be	maned to th	e employee
Employee Signature		re	Telephone **		Date	
	(	( )				
**Please note: The te	elephone number p	provided must accept b	locked calls			
		partment Payroll Spe		tion		
If the Employee woul	-	r W-2 mailed to them:		ition		
	lds are complete.	i w-2 maned to them.				
	•	(909) 890-4217 by no	later than April	15 <sup>th</sup> of the	current ca	lendar vear
		calendar year, you wil	-			-
		Office Use	Only			
	Comp	lete if W-2 is maile	-	e		
Address Updated (Initials)	Date	Reviewed By (Initials)	Date		ailed By tials)	Date
	Comple	ete if W-2 is picked	l up by emplo	yee		
How was employee notified?	☐ Spoke to employee ☐ Left a message  NOTES:					Date
	Employee Signature (required if W-2 is being picked-up)					Date

DISTRIBUTION: Original - Central Payroll (0032)