



## DUPLICATE W-2 REQUEST FORM

DEPARTMENT OF EDUCATION  
Office of Fiscal Services  
Operations Section  
P.O. Box 2360 Honolulu, HI 96804

Electronic copies of W-2s are available on the Hawaii Information Portal (HIP) website at [hip.hawaii.gov](http://hip.hawaii.gov), for calendar years 2018 and prior. Processing time is 7 to 10 business days. The processing time will begin once the completed request form and payment is received by the Payroll Unit. Walk-in requests will not be accepted. If paying with a Personal Check, processing time will be three to four weeks.

### I. EMPLOYEE INFORMATION

- a. Name: \_\_\_\_\_ SSN#: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ Payroll #/Warrant Distribution Code: \_\_\_\_\_  
(if available – e.g. “E10-230”)

### II. W-2 TAX YEAR(S)

Tax Year	# of Copies		Cost		Total
		x	\$10.00	=	
		x	\$10.00	=	
		x	\$10.00	=	
		x	\$10.00	=	
		x	\$10.00	=	
		x	\$10.00	=	
		x	\$10.00	=	
		x	\$10.00	=	
		x	\$10.00	=	
** \$ 10.00 is a Department of Accounting & General Services fee**			Total Cost	=	

### III. PAYMENT OPTIONS

- Cash (Note: Exact amount; no change will be given)
- Cashier's Check (Note: Make Cashier's Check payable to “**Director of Finance**”)
- Money Order (Note: Make Money Order payable to “**Director of Finance**”)
- Personal Check (Note: Make Personal Check payable to “**Director of Finance.**” Personal checks need to be cleared before processing, adding approximately 1 to 2 more weeks to the processing time.)

**IV. REASON FOR REQUEST**

\_\_\_\_\_  
\_\_\_\_\_

**V. DELIVERY OPTIONS**

- I will pick up my W-2(s). Please contact me at the phone number listed above.
- Please mail my W-2(s). I will provide a self-addressed stamped envelope.

**VI. EMPLOYEE AUTHORIZATION**

Please verify all fields are completed and form is signed before submittal. Please mail this Duplicate W-2 Request Form and payment to:

DOE Operations Section – Payroll Unit, P.O. Box 2360, Honolulu, HI 96804

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VII. FOR PAYROLL UNIT USE ONLY**

- Cash
- Cashier's Check #: \_\_\_\_\_
- Money Order #: \_\_\_\_\_
- Personal Check #: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Date Received: \_\_\_\_\_