

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. Coast Guard
CG -2016 (Rev. 02-10)

REQUEST FOR DUPLICATE OR REPLACEMENT IRS FORM W-2

1. Employee ID:		2. Today's Date:		
3. Last Name:		4. First Name:		5. MI:
6: Address (Street, RR, Box #, Apt, etc.):				
7: City:		8. State:	9. Zip:	
10. Daytime Phone #:		11. Fax # (Complete only if you would like us to fax a copy to you):		Please note: During the busy tax season (Feb 15 thru April 15) there is no guarantee that PPC can fax a W2. You will receive your W2 in the mail within 10 working days.
12. Member Status: (select one): <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Separated <input type="checkbox"/> Retired Note: If you need a 1099R form from our Retired pay section , please call 1-800-772-8724 for assistance.		13. Tax Year (Desired for W-2 (e.g. "2010", "2009", etc.))		
14. Is the member deceased? (Complete only if the person signing in block 15 is not the same as person identified in blocks 1 through 5: <input type="checkbox"/> Yes		15. Signature: ***DO NOT FAX OR MAIL WITHOUT A SIGNATURE***		
		16. Printed Name (First, Middle Initial, Last)		
Instructions:	Complete the form, print and fax the SIGNED, completed, LEGIBLE, form to PPC (SES-AA) at: 785-339-3784 or mail to: Commanding Officer (SES-AA) U.S. Coast Guard Pay & Personnel Center 444 SE Quincy St. Topeka, KS 66683-3591 Note: If filling out by hand, please <u>print legibly</u> (If we can't read your writing, we will not be able process your request)			