

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**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 ( <i>Street, RR, Box #, Apt, etc.</i> )	7. EMAIL ADDRESS	
8. CITY	9. STATE/COUNTRY	10. ZIP/POSTAL CODE

11. DAYTIME PHONE #	<b>You will receive your W2 in the mail within 10 working days.</b>
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<b>12. MEMBER STATUS</b> ( <i>Select one</i> )  Active Duty Reserve Separated/Deceased Retired	<b>13. TAX YEAR</b> ( <i>Desired for W-2 (e.g. "2014", "2013", etc.)</i> )  _____ _____ _____ _____	<b>PRIVACY ACT STATEMENT:</b> IAW 5 USC Sec. 522a(e)(3), the following is provided when supplying personal information to the U.S. Coast Guard:  ♦ <b>Authority:</b> 31 USC Section 3332. ♦ <b>Principal Purpose:</b> Used to identify member's pay account and provide distribution instructions for annual, employee's wage and earnings statement. ♦ <b>Routine Uses:</b> Same. ♦ <b>Disclosure:</b> Disclosure of this information is voluntary, but without disclosure member may not receive a replacement IRS Form W-2.
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**NOTE: If you need a 1099R form from our Retired pay section, please call 1 800 772 8724 for assistance.**

<b>14. SIGNATURE</b>  <p style="text-align: center;">***DO NOT MAIL WITHOUT A SIGNATURE*** (<i>If submitting via CG Workstation, a digital signature will be accepted</i>)</p>
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<b>15. Is the member deceased?</b> ( <i>Complete only if the person signing in block 14 is not the same as person identified in blocks 1 through 5 :</i> Yes
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<b>16. Your Printed Name (First, Middle Initial, Last)</b> ( <i>Required only if block 15 is "YES"</i> )	<b>17. Relationship to deceased</b> ( <i>Required only if block 15 is "YES"</i> )
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Instructions	<p>Complete the form and email the SIGNED, completed, LEGIBLE, form to: <a href="mailto:ppc-dg-customer@uscg.mil">ppc-dg-customer@uscg.mil</a>.</p> <p>If unable to email, please mail to:</p> <p style="text-align: center;"><b>Commanding Officer (SES-AA)</b>  <b>U.S. Coast Guard</b>  <b>Pay &amp; Personnel Center</b>  <b>444 SE Quincy St.</b>  <b>Topeka, KS 66683-3591</b></p> <p><b>NOTE:</b> If filling out by hand, please <u>print legibly</u>. (<i>If we can't read your writing, we will not be able process your request.</i>)</p>
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