



CITY OF NEWPORT NEWS

Department of Finance
2400 Washington Avenue
7th floor/Payroll
Newport News, VA 23607
(757) 926-8541

W-2 and 1099-R
Request Form

Employee Name: _____
Please print full name

Name on Tax Form if different from above: _____

Social Security # : _____

Department: _____

Request Copy Of: W-2 (Active Employee) _____ 1099-R (Retiree) _____

For the following years: _____

Type of payment: payroll deduction _____ cash _____ check _____

Employee signature

Date

Copies will not be made until payment or authorization of payroll deduction has been received.

IMPORTANT – PLEASE CHECK ONE – Delivery Instructions

_____ US Postal Service – Address: _____

_____ Interoffice Mail – Dept/Instructions: _____

_____ Finance Office Pickup – Special Instructions: _____

OFFICE USE ONLY:

Total amount due: _____ x \$5.00 = \$ _____

Cash/Check received: _____ Payroll Deduction Added: _____