



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
MEMORANDUM

ATTACHMENT B

2019 W-2 Inquiry Form

**Employee Name**

\_\_\_\_\_

**Employee Number**

\_\_\_\_\_

Box number  
in question  
(Please check)

	Box 1	Wages, tips, other compensation
	Box 2	Federal income tax withheld
	Box 3	Social Security wages and tips
	Box 4	Social Security tax withheld
	Box 5	Medicare wages and tips
	Box 6	Medicare tax withheld
	Box 16	State wages, tips, etc.
	Box 17	State income tax
	Others:	

**Reason for Inquiry**

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

**Mailing Instruction**

All W-2c's, if applicable, will be mailed to the home address or the updated address if provided below.

Home Address  
City, State Zip

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

Address Change (Your address on record will be updated.)

Telephone Number  
Email Address  
Signature  
Date

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

**Please fax completed form to 866-761-7413**