

DIVISION OF
PAYROLL

(340) 774-4750
Fax: (340) 714-9431

GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS



Mailing Address:
2314 Kronprindsens Gade
Charlotte Amalie, VI 00802

DEPARTMENT OF FINANCE

Street Address:
76 Kronprindsens Gade
Charlotte Amalie, VI 00802

REQUEST FOR RE-ISSUANCE OF W-2VI

Date: _____

W-2VI Year(s): _____

SSN: _____ - _____ - _____ Contact No.: _____

Employee #: _____ Contact No.: _____

Employee Name: _____

Department: _____

Employee Signature: _____

(For Department Use Only)

Reason for re-issuance: NO PAYMENT PAYMENT REQUIRED

Misplaced

Correction of SSN WAGES OTHER

Never received one

Payroll Comments: _____

There is a \$15.00 fee for any re-issuance of duplicate W-2VI forms.
Please attach a copy of the receipt to this form to insure prompt service.

Prepared in Payroll by: _____

Printed in MIS by: _____

Date Issued: _____