



REQUEST FOR DUPLICATE FORM (2019) ONLY

Printed Name _____

Signature _____

Social Security Number _____

Contact Phone Number _____

All requests received must be accompanied by a photo id

No faxed copies of this form will be accepted

This form may be submitted in person or mailed to:

JPS Business Office

Attn: Sharolyn Miller

662 South President Street

P.O. Box 2338

Jackson, MS 39225338

(if mailed, a legible copy of a photo id must accompany the request form)

I want my W2 (mark one):

_____ Placed on the Pony to: _____ JPS Location

_____ Mailed to: _____

For Office Use Only:

Photo ID verified by: _____ Date/Time Request Received: _____

Date/Time W2 issued: _____