Request for Duplicate Form W-2 for Tax Year: 2019 or previous Year: _____

Please return form by fax, email or mail:

Fax to (225) 208-1248
Email to payroll@cajunusa.com
Mail to: Cajun Industries – Payroll Dept.
P.O. Box 104
Baton Rouge, LA 70821

Please issue a duplicate copy of the W following employee:	age and Tax Stater	ment (Form W-2) for the
Employee Name:		
Social Security No:		
Distribution of W-2 Form: (Circle one	option – Mail or E	Email)
Mail to:Street Address		
Street Address		
City State	Zip Code	
Email to:		_
Reason for Request: (Circle one)	Never Received	Lost/Misplaced
Signature of Employee:		
Please provide a copy of identification such as driver's license, ID badge, etc. for verification and a phone number in the event we need to contact you regarding this request.		
For Payroll Department Use Only:		
Date request received:	Date duplica	ate form sent:
Received by:		