



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

ATTACHMENT B

2022 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
	Other	

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 213-241-8986