

W-2 Change of Address Form

RETURN TO:	Organization:		
	Building:		
	Street Address:		
	City:	State:	ZIP:
	Phone:		

I am no longer working for the State of Delaware. Please change my address for W-2 mailing purposes, as I have indicated below.

Employee Signature: _____ Date: _____

EMPLOYEE INFORMATION

EMPLOYEE NAME:

SOCIAL SECURITY NO:

EMPLOYEE PREVIOUS MAILING ADDRESS:

Street Address:

City:

State:

Zip Code:

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address:

City:

State:

Zip Code:

Phone:

-----Dept Use Only-----