

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:
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EMPLOYEE CURRENT MAILING ADDRESS:

Street Address:

City:	State:	Zip Code:
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Phone:

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