

**State of Mississippi**  
**Department of Finance and Administration**  
**ACE Electronic W-2 Registration Cancellation Form**

Please cancel registration for electronic access to my W-2 Form. By canceling this registration, I understand and acknowledge that my W-2 will be mail to address on file in the Statewide Payroll and Human Resource System (SPAHRS).

If, at any time, I change my mind; I will re-register for electronic access to my W-2 Form through the Access Channel for Employees (ACE) found on the internet at: [www.Mississippi.gov](http://www.Mississippi.gov)

**Allow minimum of 30 days for effective date of cancellation.**

**Date:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Employee Social Security Number:** \_\_\_\_\_

**Employee PID Number (00000 + ACE Six Digit Number):** \_\_\_\_\_

**Employee Street Address:** \_\_\_\_\_

**Employee City, State and Zip Code:** \_\_\_\_\_

**Employee Phone Number (Area Code + Number):** \_\_\_\_\_

**Employee E-mail Address:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**This form must be mailed or faxed to the MS Department of Finance and Administration using the information, as outlined below:**

**MAIL:**

Department of Finance and Administration  
Office of Financial Reporting  
ATTN: Angela Tyler  
P.O. Box 1060  
Jackson, Mississippi 39215-1060

**FAX:**

Department of Finance and Administration  
Office of Financial Reporting  
ATTN: Angela Tyler  
**FAX:** (601) 359-3896