

Request for Duplicate W2

Calendar Year Requested _____

Name _____

Social Security Number _____

School/Department _____

The FORM W2 is requested for the following reason (check one):

_____ Never Received

_____ Misplaced or Destroyed

_____ Social Security Number/Name Incorrect

_____ Other (Explain) _____

Attached is my processing fee of \$10.00 for reprint of Form W2. Checks are to be made payable to Gaston County Schools. I understand that reprints will be processed only on Thursdays of each week and may be picked up on the following Friday. I understand that I may print a free Form W2 from the Gaston County Schools Employee Portal.

Signature (upon receipt) Date

.....
FOR PAYROLL DEPARTMENT USE ONLY:

Date Received: _____

Processed by: _____

Duplicate W2 reissued: _____