

# 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: \_\_\_\_\_