



Every child is a work of art.
Create a masterpiece.

REQUEST FOR DUPLICATE W-2 FORM FOR PRIOR YEAR(S)

NAME: _____

Contact Number: _____
(where you can be reached during the day)

SOCIAL SECURITY #: _____
(Required in case of similar names)

Work Location: _____

Please Check One: Civil Service Teacher

*HOME MAILING ADDRESS: (Please print so the information is legible)

*If different from what is on file with Human Capital Initiatives (HCI) a copy will be given to HCI to update their records accordingly.

YEAR(S) REQUESTED: _____ _____
(Please specify calendar year) _____ _____

PLEASE CHECK THE PRIMARY REASON FOR THE REQUEST FROM THE FOLLOWING CHOICES (CHECK ONLY ONE)

Change of Address

Received but misplaced and/or lost

Original never received

Other (please explain) _____

EMPLOYEE SIGNATURE (Required): _____

DATE: _____

PLEASE FAX THE FORM TO THE PAYROLL DEPARTMENT: 585 262-8193

A DUPLICATE W-2 WILL BE PRINTED AND MAILED TO YOU WITHIN TEN (10)* BUSINESS DAYS FROM DATE OF RECEIPT

*PLEASE NOTE: Employees who request a W-2 that is (2) or more years back and/or requests multiple years of W-2's the ten (10) business days may not be feasible. In such cases, Payroll will contact you to negotiate a completion date that is reasonable for the type of request.