



Duplicate W-2 Request

YEAR ENDING December 31,

Employee Name:	<input type="text"/>
Employee Number	<input type="text"/>
SSN (last 6 digits)	<input type="text"/>
Title / Position:	<input type="text"/>
School / Dept:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Numbers:	<input type="text"/>
Provide Current Mailing Address	<input type="text"/>
Delivery	W-2 reprint will be forwarded by US Mail

Please allow 5 to 7 business days for processing.

OFFICE USE ONLY:
Payroll Technician: _____ Date Processed: _____

This form may be sent by:

Fax (919) 850-1710
E-mail: payroll@wcpss.net
US mail or WCPSS courier

Compensation Services Department

PO Box 28041
Raleigh, NC 27611