

# W-2 Reprint Request Form

## College of Charleston

---

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

I would like a reprint of my W-2 Form, wage and tax statement, for the tax year \_\_\_\_\_.

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

Employee ID: \_\_\_\_\_

Contact Info (phone/email): \_\_\_\_\_

### HANDLING INSTRUCTIONS:

\_\_\_ Hold for pick up from the Payroll Office in Randolph Hall, 1<sup>st</sup> Floor

\_\_\_ Mail to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REASON FOR REPRINT:

\_\_\_ Never Received

\_\_\_ Misplaced or Destroyed

\_\_\_ Other (Explain) \_\_\_\_\_

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

Fax to: (843) 953-6763

Or Mail to: College of Charleston  
c/o Payroll Service  
66 George Street  
Charleston, SC 29424

FOR PAYROLL USE ONLY:

DATE REC'D: \_\_\_\_\_

DATE REISSUED: \_\_\_\_\_