

LORAIN CITY SCHOOLS
Charleston Administration Center
2350 Pole Avenue, Lorain, OH 44052
440.830.4026 fax 440.233.2228

DUPLICATE W-2 REQUEST FORM

I would like to request a co	py of my W-2 Fo	orm for the following year(s):	
		year	
Name:			
Employee SS# (Last four):			
Contact Phone: ()		Building	
Employee Signature:		Date:	: : : :

*Please note that duplicate W-2 requests typically take 1-2 days. We will contact you when your W-2 is ready to be picked up. Duplicate W-2 forms will need to be picked up at the Treasurer's Office at Charleston Center, Room 8, and the employee must present a valid driver's license at the time of pick-up.