



Sherri Mathews-Hazel
Chief Financial Officer

FINANCIAL SERVICES

W-2 Request Form

Date of Request: _____

Tax Year(s): _____

Employee Name: _____

Social Security Number: _____

Employee Current Mailing Address:

Street Address _____

City _____ State _____ Zip Code _____

Former Mailing Address (required if current mailing address is new/changed):

Street Address _____

City _____ State _____ Zip Code _____

If currently employed by Richland County School District One, please fill in the following:

Work Location _____

Location Address _____

City _____ State _____ Zip Code _____

I authorize Richland County School District One to issue a *duplicate* W-2 and mail to the above current address.

Signature of Employee

Mail or Fax Completed Requests to:
Richland County School District One
1616 Richland Street
Columbia, SC 29201
ATTN: Nikita Lewis
Fax: (803) 231-7545