DUPLICATE W-2 REQUEST

DATE:					
NAME:		First Name	Last Name		
EIN:					
SSN (last four digits):					
	TA	X YEAR(S) REQUESTED			
		t one time. To request i m a legal representative		3) W-2s, you must	
(1)	(2)	(2)			
PHONE NUMBER:					
DELIVERY METHOD:		E-MAIL (fastest deliv	ery) \square	U.S. MAIL	
EMAIL ADDRESS:					
MAILING ADDRESS:					
CITY/STATE/ZIP CODE:					

Please send completed form via email to: pgcps.org