



LOUDOUN COUNTY PUBLIC SCHOOLS
DEPARTMENT OF BUSINESS & FINANCIAL SERVICES
PAYROLL DIVISION

21000 Education Court, Suite #320
Ashburn, VA 20148
Phone (571) 252-1260 Fax (571) 252-1425

REQUEST FOR IRS FORM W-2 TO BE REPRINTED
W-2's are reprinted on Thursday of each week

Date of Request _____

Please issue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year(s) ending _____.

EMPLOYEE NAME: _____ PID NUMBER: _____

LAST FOUR DIGITS OF SOCIAL SECURITY #: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street _____

City _____ State _____ Zip Code _____

I authorize that \$5.00 per W-2 will be deducted from my next pay check. Former employees may send a check made payable to the "County of Loudoun" for \$5.00 per reprint.

Please mail to above address _____

I will pick the form(s) up **after 4:00 p.m. on Thursday** _____

(Office hours are 8am – 5pm Monday – Friday)

Signature of Employee

For Payroll Use Only:

Processed By _____ Date Processed _____

Signature/date at Pick-Up _____