



SYRACUSE CITY SCHOOL DISTRICT

Payroll Department
725 Harrison Street · Syracuse, NY 13210
Phone 315·435·4191 · Fax 315·435·4163

Sharon L. Contreras
Superintendent of Schools

Reprinted W-2 Request Form

Employee's Name: _____

Emp. ID Number _____

Employee's Current Address:

Please check year(s) requested:

2009

2011

2013

2010

2012

2014

Employee's Signature

Date

Please contact the Social Security Administration for years prior to those listed above.

All reprinted W-2's will be mailed to the address listed above.

Please allow 5 business days from date of receipt.

FOR INTERNAL USE ONLY: DATE RECEIVED _____ PROCESSED BY _____