

STATE OF RHODE ISLAND
OFFICE OF ACCOUNTS AND CONTROL

REQUEST FOR DUPLICATE W-2 FOR STATE OF RI GOVERNMENT EMPLOYEES

| |
|----------------------------|
| CALENDAR YEAR _____ |
|----------------------------|

| | |
|---|--|
| NAME: | |
| EMPLOYEE ID: (NOT SSN) | |
| AGENCY ACCOUNT #: | |
| DAYTIME PHONE #: (MANDATORY) | |
| EMAIL ADDRESS: (MANDATORY) | |

IF DUPLICATE IS TO BE SENT TO EMPLOYEE'S ADDRESS OF RECORD WITH THE DIVISION OF HUMAN RESOURCES, PLEASE CHECK THIS BOX.

IF DUPLICATE IS TO BE SENT TO AGENCY/DEPARTMENT HUMAN RESOURCES REPRESENTATIVE, PLEASE CHECK BOX AND FILL IN BELOW

NAME OF AGENCY/DEPARTMENT

By signing this form, I certify that that I am either the employee whose name is shown above, or a person authorized to obtain the tax information requested.

*Signature of Employee (Please print form and sign in ink.
We cannot accept typed or electronic signatures)* *Date*

FOR CONTROLLER'S OFFICE USE ONLY

| DATE REQUEST RECEIVED | INITIALS OF RECEIVER | DATE DUPLICATE W-2 MAILED | INITIALS OF SENDER |
|------------------------------|-----------------------------|----------------------------------|---------------------------|
| | | | |

PLEASE FILL OUT ONE SHEET FOR EACH REQUEST AND EMAIL IT
TO Nelia.Benevedies@doa.ri.gov