

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.Benevides@doa.ri.gov