



CITY OF RAPID CITY W-2 REPRINT REQUEST FORM

Year of W-2 Request:	Employee ID #:
Last four digits of SSN:	Date of Birth:
First Name:	Last Name:
Department/Division:	
Address:	
Address:	
City & State:	Zip:
Phone Number (including area code):	
Reason for reprint request:	

Employee Signature:	Date:
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Requests for W-2 reprints must come directly from the employee and must include a wet ink signature.

I understand that my W-2 will be mailed to the address listed above and this form will not update my contact information with the City of Rapid City.

Fax completed form to (605) 394-6621 or deliver to: The City of Rapid City
Payroll/Human Resources Office
300 6th Street
Rapid City, SD 57701

If you have any questions please contact the Payroll/Human Resources Office at (605) 394-4136 or human.resources@rcgov.org

FOR PAYROLL USE ONLY	
Processed By: _____	Date: _____