



**Horry County Schools**  
 PO Box 260005  
 Conway SC 29528-6005  
 843-488-6727

W-2 Reprint Request

Date: \_\_\_\_\_

I would like a reprint of my W-2 Form, wage and tax statement, for the tax year\_\_\_\_\_.

Legal Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ SSN (Last Four Digits Only):\_\_\_\_\_

Contact Info (phone/email): \_\_\_\_\_

**For your security we cannot fax or email W-2s. We process requests weekly on Wednesday and Friday.**

Mail To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Change my personnel record to this address.

Reason for Reprint:

- \_\_\_\_ Never Received
- \_\_\_\_ Misplaced/Destroyed
- \_\_\_\_ Other (explain) \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Fax request to: **(843) 488-6726**  
 Mail request to: **Horry County Schools**  
**Payroll Department**  
**PO Box 260005**  
**Conway, SC 29528-6005**

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Payroll Use Only:

Date Received: \_\_\_\_\_

Date Reissued: \_\_\_\_\_

Processed By: \_\_\_\_\_