Clear Form

Sonoma County Auditor Central Payroll
Payroll Information Request Form

Please Print

Date: _____

Name: _____ EE ID. #. _____

Address: _____ SSN (last 4 digits) _____

City: _____ Zip Code: _____

Email: _____ Department: _____

Phone Number: (Work) _____ (Cell/Home) _____

TYPE OF INFORMATION REQUESTED

❑ **Duplicate Copy(ies) of W-2 form(s)**: for _____ tax year(s)

Last name on W-2 if other than current _____

Original W-2 form was: ❑ never received ❑ lost/destroyed

❑ **Research Deferred Compensation catch up eligibility**: Hire date: _____

Did you have a break in service: ❑ no ❑ yes If yes, when: _____

❑ **Earnings Information/Other**: (Please specify type of records and dates)

_____

_____

_____

_____

❑ Please call me when records are ready to pick up: ❑ at work ❑ on Cell/Home

❑ Please email me when records are ready: _____
Email address

❑ Forward requested records to the Deferred Compensation Office

❑ Forward requested records to my department payroll clerk

❑ Mail records to my home address on file

Signature: _____

E-Mail completed form to ACTTCPayrollDivision@sonoma-county.org or mail to Sonoma County Auditor Payroll, 585 Fiscal Drive, Suite 100, Santa Rosa, CA 95403

AUDITOR/PAYROLL STAFF ONLY

❑ ID Validated INITIALS _____ DATE COMPLETED/SENT: _____