

VCSBSA
W-2 COPY REQUEST



Certificated

Classified

District/Charter: _____

Employee Name: _____

Last four (4) digits of SSN# _____

Please prepare a copy of my 20____ W-2.
(year)

Delivery Instructions:

Mail copy to address listed on the W-2

Pick-up copy at BSA office. Call me at _____, when ready for pick up.

Employee Signature

Date

Employer or Designee Signature

Date

*****Due to security issues, we are unable to email copies of W-2's*****

E-mail, Fax, or Mail completed form to:
Ventura County Schools Business Services Authority
Attn: Payroll
5100 Adolfo Road, Suite BSA
Camarillo, CA 93012
Email: Lduarte@vcoe.org
Fax: (805) 383-1973