



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: _____