



**THE COUNTY OF GALVESTON
OFFICE OF THE COUNTY TREASURER
COUNTY COURTHOUSE
722 MOODY, 4TH FLOOR
GALVESTON, TEXAS 77550**

W-2 Request Form

Employee ID/ Last 4 digits of SSN: _____

Requested W-2 Year: _____

First Name: _____ Last Name: _____

Address 1: _____

Address 2: _____

Contact Phone Number (_____) _____

Please select the following:

Pick Up

Mail

Employee Signature

Date

Department Name