



373 South High Street, Columbus Ohio 43215-6310 • 614.525.7354 • www.FranklinCountyAuditor.com

W-2 Request

Franklin County Employees-

*This request should be used as a last resort. You have access to your W-2 records via OPSS through the Auditor's website (the same access to bi-weekly payroll paystubs). Employees can update the option for W-2 viewing and the information will generate automatically for the current year and prior years.

<https://payroll.franklincountyohio.gov>

*Contact your agency payroll officer(s) if you have difficulty logging in, updating your W-2 field, or printing as they have access through OPSS as well.

*If you changed county agencies in any given year, your W-2's and bi-weekly payroll paystubs are in two different locations. You will have to sign in to OPSS using each agency-specific credentials to retrieve the documents. The system will not allow two of the same usernames, so if you transfer within the county you need to provide a different name when registering.

*Should a paper version be elected, please make sure your mailing address in the county payroll system is current by verifying it with your agency payroll officers. This has to be up to date before December 15th of the current year to avoid delays in receiving a paper W-2.

*If the paper version is being picked-up by agency personnel, they must be someone who is authorized to pick up payroll.

*If the paper version is being picked-up by you personally, you must show your county ID badge, driver's license, passport, or other form of picture ID. Spouses, dependents, neighbors, friends, etc. will most often not be granted access. Exceptions will only be made under extreme circumstance and at the discretion of the Auditor's Payroll Department.

*The employee must be the one signing the form. Payroll officer requests will not be honored. This form is available on both the Portal website and the Auditor's Fiscally Speaking website.



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Request for Duplicate W-2

YEAR REQUESTED: _____

CHECK ONE:

DATE: _____

Mail: _____ Agency Pick-Up: _____

Employee Pick-Up: _____

NAME: _____

LAST FOUR OF SSN #: _____

MUNIS ID #: _____

MAILING ADDRESS: _____

Street

City

State

Zip

EMPLOYEE SIGNATURE: _____

Return by mail to: 373 S HIGH ST 21 FL
Attn: FISCAL PAYROLL
COLUMBUS, OH 43215

County Auditor Use Only

Date Received: _____

Date Requested: _____

Date Picked-Up: _____

Date Sent: _____