

DUPLICATE FORM W-2 REQUEST

Request to reissue a Wage and Tax Statement (From W-2) for the tax year indicated below.

Date: _____

Employee Name: _____ **Employee ID:** _____

Date of Birth: _____

CHOOSE ONLY ONE OPTION:

Current Local Address Mail W-2 to Address Below Only Hold for Pick-up
Email for pick-up only: _____

Street Address: _____ **Apt/Unit/Suite:** _____

City: _____ **State:** _____ **Zip:** _____

Please issue a duplicate for the following tax year(s): _____

Form W-2 is being requested for the following reason:

Original has not been received Misplaced or Destroyed
 Social Security Number or Name Incorrect Address Change
 Other (please explain): _____

Duplicate W-2s are issued one time per week on Fridays when it does not interfere with the regular payroll processing for those requests received by the end of the prior business day.

Employee Signature: _____ **Date:** _____

Mail, Fax, or Deliver this Request to Office of Payroll
(See address above)

For Payroll Use Only

Date Received:	
<input type="checkbox"/> Original W-2 re-mailed	<input type="checkbox"/> Duplicate W-2 issued
Processed by:	Date Processed/Mailed: