

OFFICE OF PAYROLL  
WALDSCHMIDT 110, MSC 164  
5000 North Willamette Boulevard  
Portland, Oregon 97203-5798  
P (503) 943-7338  
F (503) 943-8699



## 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:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

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: