

REQUEST FORM FOR W-2

IF YOU HAVE LOST OR MISPLACED YOUR W-2 FORM PLEASE FILL OUT THIS FORM AND FORWARD TO NETRA THOMA IN PAYROLL.

DATE REQUESTED _____

EMPLOYEE NAME _____

FOR WHICH TAX YEAR? _____

SOCIAL SECURITY # _____

SCHOOL TO SEND FORM TO OR ADDRESS: _____

REASON FOR REQUESTING A DUPLICATE FORM _____

EMPLOYEE SIGNATURE _____

Duplicate forms will not be sent without this form.

FOR PAYROLL DEPT USE ONLY

Date request received _____

Original W-2 reissued and processed _____

Date duplicate W-2 reissued and processed _____