



● Request For A Duplicate W-2

1. Year(s) Requested		
2. Date of Request		
3. Employee Name		
4. Social Security Number		

Method of Delivery:

Business Office Pick-Up

U.S. Mail

If you are requesting your reissued W-2 be held in the Business Office, please provide your e-mail address or telephone number so we can notify you when it is available:

Email:

Telephone:

If you are requesting we mail your reissued W-2, please provide your mailing address below:

Name	
Address Line 1 (Street or Box Number)	
Address Line 2 (Apartment Number)	
City, State Zip Code + 4 Digit	

The form W-2 is requested for the following reason:

Never Received:

Misplaced or Destroyed:

Other:

Please Explain:

Employee's Signature		Date