

W-2 Duplicate Copy/Information Request Form

_____ W-2 Duplicate/Copy Request Years _____

_____ Earnings Record Dates: From _____ to _____

_____ Employment Verification

_____ Other

Additional Information: _____

Name: _____ Campus: _____

Employee ID # _____ Social Security # (last 4) xxx-xx-_____

Address: _____

City, State, Zip Code: _____

Telephone # (include area code) _____

Where information is to be mailed:

Reason Requested:

Signature: _____ Date: _____

Reprints for current year W-2's will not be done before February 5th.

For Office Use Only:

Completed by: _____ Date: _____