

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 # _____

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 15th.

For Office Use Only:

Completed by: _____ Date: _____