

Payroll Department



335 George Street, 4<sup>th</sup> Floor  
New Brunswick, NJ 08903  
Fax: 732-235-9241

**REQUEST FOR IRS FORM W-2**

**Please Print Clearly**

Please reissue a **WAGE AND TAX STATEMENT (Form W-2)** for the tax year ending 20\_\_\_\_.

**Employee Name** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_

Employee **Current** Mailing Address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

New Address

**This duplicate Form W-2 is requested for the following reason:**

Never Received  Misplaced or Destroyed

Social Security Number or Name Incorrect  Other (Explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

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**FOR DEPT. USE ONLY:**

Date request received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Original W-2 remailed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Processed by: \_\_\_\_\_ Duplicate W-2 reissued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_