REQUEST FOR DUPLICATE TAX STATEMENT (W-2)

Return completed form to: **Payroll Office**
HAB 301
SUNY New Paltz
1 Hawk Drive
New Paltz, NY 12561-2443
Phone: 845-257-3145

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____-_____-_____

EMPLOYEE CURRENT MAILING ADDRESS:

Street address_____

City_____State_____Zip code _____-_____

Please reissue requested statement for TAX YEAR: _____

TYPE OF PAYROLL(S): STATE_____
STUDENT PAYROLL:
Work study _____
Student Assistant_____
RESEARCH FOUNDATION_____

DUPLICATE FORM IS REQUESTED FOR THE FOLLOWING REASON:

_____Never Received
_____Misplaced or Destroyed

RECEIPT ARRANGMENT:

_____I will pick up the reissued W-2 at the Payroll office (HAB 301)
Phone number where I can be reached _____

_____Please mail the reissued W-2 to the above address

_____ _____
Signature of Employee Date

FOR OFFICE USE:

Date completed_____ Date mailed _____ Dated called _____Processed by _____

(Revised April 2007)