

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)