

**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 \_\_\_\_\_  
(Check one) 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

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FOR OFFICE USE:

Date completed \_\_\_\_\_ Date mailed \_\_\_\_\_ Date called \_\_\_\_\_ Processed by \_\_\_\_\_