

EMPLOYEE REQUEST FOR DUPLICATE W-2 FORM  
PLEASE PRINT (revised 02/28/2007)

Mail To: Old Dominion University  
Payroll Department  
Alfred B. Rollins Hall  
Hampton Boulevard  
Norfolk, Virginia 23529-0045  
FAX: (757) 683-6199  
PH#: (757) 683-3030

Date of Request \_\_\_\_\_

Time of Request \_\_\_\_\_

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

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

EMPLOYEE CURRENT MAILING ADDRESS:

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

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

WORK LOCATION & NO: \_\_\_\_\_

Do you want this address to be added to your record as a permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The FORM W-2 is requested for the following reason:

- Never Received
- Misplaced or Destroyed
- Social Security Number or Name Incorrect
- Other (*Explain*)

The Form W-2 should be: <input type="checkbox"/> Mailed to current address <input type="checkbox"/> Held for pick up by employee
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Employee Signature: \_\_\_\_\_

<b>PLEASE NOTE</b> If requests are turned in on Monday, Tuesday, Wednesday or before 3:00 p.m. Thursday, the duplicate will be available for pick up or will be mailed the following Monday.
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**PAYROLL DEPARTMENT USE ONLY**

DATE REQUEST RECEIVED: \_\_\_\_\_

BY TELEPHONE: \_\_\_\_\_ IN PERSON \_\_\_\_\_

DATE ORIGINAL W-2 REMAILED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

DATE DUPLICATE W-2 MAILED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

DATE DUPLICATE W-2  
AVAILABLE FOR PICK-UP: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_