

EMPLOYEE REQUEST FOR DUPLICATE W-2 FORM
PLEASE PRINT (revised 08/2017)

Mail To: Old Dominion University
Payroll Department
Spong Hall
5255 Hampton Boulevard
Norfolk, Virginia 23529-0045
FAX: (757) 683-6199
PH#: (757) 683-4337

Date of Request _____

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

EMPLOYEE NAME: _____

UNIVERSITY IDENTIFICATION NUMBER (UIN): _____

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
--

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

Employee Signature: _____

PLEASE NOTE All duplicate W2s will be mailed or ready for pick up two business days from the date requested.
--

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: _____