

BOSTON UNIVERSITY  
OFFICE OF THE COMPTROLLER  
PAYROLL DEPARTMENT

REQUEST FOR DUPLICATE W-2 FORM  
PAYROLL FAX NUMBER 353-0862

To: PAYROLL DEPARTMENT      DATE \_\_\_\_\_

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DISPOSITION:    Hold for Pick Up       Mail to Address Below:

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
Street, P.O. Box Number, Apartment Number

\_\_\_\_\_  
City or Town, State, Zip Code

\_\_\_\_\_  
Country (if Foreign Address)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR PAYROLL OFFICE USE ONLY

Date Request Received: \_\_\_\_\_

Date of W-2 Preparation: \_\_\_\_\_

Date of Pick Up or Mailing: \_\_\_\_\_

Initials: \_\_\_\_\_