

BOSTON UNIVERSITY
Office of the Comptroller
Payroll Department

REQUEST FOR DUPLICATE 1042-S FORM
PAYROLL FAX NUMBER 353-0862

To: PAYROLL DEPARTMENT

DATE: _____

FROM: _____

SUBJECT: REQUEST FOR DUPLICATE 1042-S FORM

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: _____

FOR PAYROLL OFFICE USE ONLY

Date Request Received: _____

Date of 1042S Preparation: _____

Date of Pick Up or Mailing: _____

Initials: _____