



REQUEST FOR A DUPLICATE W-2 or 1042 S

TAX YEAR: \_\_\_\_\_

FORM REQUESTED \_\_\_\_\_ W-2 \_\_\_\_\_ 1042 S \_\_\_\_\_ Both

NAME: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

B.U. I.D. NUMBER: U \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DISPOSITION:

\_\_\_\_\_ Hold for pick-up

\_\_\_\_\_ Mail to address listed below

\_\_\_\_\_  
(Street, P.O. Box #, Apartment #)

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

\_\_\_\_\_  
(Country if foreign address)

EMAIL: \_\_\_\_\_  
(You will be emailed if there are any problems or questions regarding your request)

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR PAYROLL USE ONLY:

DATE OF:

REQUEST RECEIPT: \_\_\_\_\_

W-2 PREPARATION: \_\_\_\_\_

1042 S PREPARATION: \_\_\_\_\_

PICK-UP OR MAILING: \_\_\_\_\_

PAYROLL REPRESENTATIVE'S INITIALS: \_\_\_\_\_