



UNC GREENSBORO

IRS Form W-2 Request Form (To Be Completed by Employee ONLY)

University ID

Please reissue a Wage and Tax Statement (Form W-2) for the tax year ending 20_____

Type or Print

Name: _____

Social Security Number: _____

Current Mailing Address:

Street Address: _____

City: _____

State: _____

Zip Code: _____

Form W-2 is requested for the following reason:

- Never Received
- Misplaced / Destroyed
- Social Security Number or Name Incorrect
- Other (Explain): _____

Employee Signature

Date

Note: The Payroll Dept will provide ONE reissued Form W-2 at no charge. An administrative fee may be charged for additional copies requested. Please allow up to 30 days for processing.

Mail to:

UNCG Payroll Dept
840 Neal St Suite 220
PO Box 26170
Greensboro, NC 27402-6170
OR

Fax to: 336-334-3131 (Attn: Payroll) DO NOT EMAIL FORM

Payroll Use Only -

Date Request Received: _____

Date Original W-2 re-mailed: _____

Entered by: _____

Date Duplicate W-2 reissued: _____

