



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
821 S. Josephine Boyd St
PO Box 26170
Greensboro, NC 27402-6170
OR

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

Payroll Use Only -

Date Request Received: Date Original W-2 re-mailed:
Entered by: Date Duplicate W-2 reissued: