



**MEDAILLE COLLEGE
18 AGASSIZ CIRCLE
BUFFALO, NY 14214**

REQUEST FOR DUPLICATE IRS FORM W-2

Date of Request

Please reissue a Wage and Tax Statement (Form W-2) for the following employee, for the tax year ending: _____

EMPLOYEE NAME (**PRINT**): _____

SOCIAL SECURITY #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mail to if Different than Above:

Street Address: _____

City: _____ State: _____ Zip Code: _____

The FORM W-2 is requested for the following reason:

Never Received

Misplaced or Destroyed

Social Security Number or Name Incorrect

Other (Explain) _____

Employee Signature

- PLEASE RETURN REQUEST FORM TO THE PAYROLL OFFICE -

For Payroll Department Use Only:

Date request received: _____ Original W-2 re-mailed: _____

Processed by: _____ Duplicate W-2 reissued: _____