

TO: PAYROLL DEPARTMENT
JACKSONVILLE UNIVERSITY
2800 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211
FAX # 904-256-7206

DATE OF REQUEST: _____

**REQUEST FOR IRS FORM W-2
PLEASE PRINT**

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year ending _____.

EMPLOYEE NAME: _____

SOCIAL SECURITY NO.: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address _____

City _____ State _____ Zip Code _____

WORK LOCATION & NO.: _____

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

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

I request that the reissued W-2 be mailed _____.

I request that the reissued W-2 be available for pickup _____.

EMPLOYEE SIGNATURE: _____

**PLEASE NOTE: W-2's WILL BE MAILED OR AVAILABLE FOR PICKUP
WITHIN 24 HOURS OF RECEIPT OF REQUEST IN PAYROLL**

FOR PAYROLL DEPT. USE ONLY:

Date request received: _____ Original W-2 remailed: _____

Processed by: _____ Duplicate W-2 reissued: _____