

PLU Payroll Office

EMPLOYEE REQUEST FOR DUPLICATE IRS FORM W-2

Please reissue a Wage And Tax Statement for the following employee, for the tax year ending _____
Please print using the name as shown on your Social Security Card.

LAST NAME: _____ FIRST NAME: _____ MI: _____

PLU ID # _____ TELEPHONE # _____

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

Never Received Misplaced or Destroyed Other (Explanation): _____

This form should be: Mailed to Address Provided Picked Up by Employee

STREET: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

Is this a new permanent address: Yes No (Please note that Students must use the Student Services "Address Confirmation Form" to change an address.)

Once form is complete, signed and received, please allow 72 hours to process. You may fax this form to the Payroll Office at 253-536-5060. You may also mail to: Pacific Lutheran University, Payroll Office, 1010 S 122nd St, Tacoma, WA 98447.

SIGNATURE: _____ DATE: _____

FOR PAYROLL USE ONLY (Use for recording all Original Returns and/or Duplicate Requests)

Date request received: _____ Processed by: _____

Original W-2 mailed on: _____ Original W-2 Picked Up on: _____

Duplicate W-2 mailed on: _____ Duplicate W-2 Picked Up on: _____