

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

Once the 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, or scan and email to payr@plu.edu. You may also mail to: Pacific Lutheran University, Payroll Office, 12180 Park Ave S, 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: _____