

PLU Payroll Office

EMPLOYEE REQUEST FOR DUPLICATE IRS W-2 Form

By completing this form, you are requesting a reissued Wage and Tax Statement (W-2).

Please indicate the year(s) of the W-2(s) needed ____/____/____.

Please print using the name as shown on your Social Security Card at time of employment.

LAST NAME: _____ FIRST NAME: _____ MI: _____

PLU ID # _____ TELEPHONE # _____

If you do not know your PLU ID, please provide your Birthday and Last 4 digits of your Social Security Number.

____/____/____ & ____-____-____-____
Birthday mm/dd/yyyy Last 4 digits of Social Security Number

The reason for my W-2 request is:

I never received the original form My form was misplaced or destroyed

Other (If other, please provide a brief 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 this form to: Pacific Lutheran University, Attn: 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 of Request: _____ Processed by: _____

Original W-2 Mailed On: _____ Original W-2 Picked Up On: _____

Duplicate W-2 Mailed On: _____ Duplicate W-2 Picked Up On: _____