

REQUEST FOR IRS FORM W-2

MAIL TO: CSULB Research Foundation
6300 State University Drive, Suite 332
Long Beach, CA 90815
Attn: Payroll Department

Date of Request

PLEASE REISSUE A WAGE AND TAX STATEMENT (W2) FOR THE FOLLOWING EMPLOYEE:

FOR THE TAX YEAR ENDING:	
EMPLOYEE NAME:	
SOCIAL SECURITY NUMBER:	(last four digits only)

EMPLOYEE CURRENT MAILING ADDRESS

Street Address:					
City:		State:		Zip:	
Home Telephone #:					
WORK LOCATION:					
Work Telephone #:					

THE FORM W-2 FORM IS REQUESTED FOR THE FOLLOWING REASON:

Never Received (If mailing address has changed, attach a Change of Address Form)

Misplaced or Destroyed

Social Security Number Incorrect

Name Incorrect (Include a copy of your Social Security Card)

Other (please explain) _____

W-2 DELIVERY PREFERENCE

Mail duplicate FORM W-2 to my current address

I will pick up my duplicate FORM W-2

Signature of Employee

Date

FOR PAYROLL DEPARTMENT USE ONLY

Date request received: _____ Original W-2 remailed: _____
Processed by: _____ Duplicate W-2 reissued: _____