

Mail To: Florida International University
University Park Campus
Division of Human Resources/Payroll
PC 220
Miami, FL 33199

Attention: Payroll **Date of Request** _____

Fax No.: 305.348.3884

REQUEST FOR REISSUE OF I.R.S. FORM W-2

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

Employee Name: _____

Social Security Number: _____

Employee Current Address:

Street Address: _____

City: _____ State _____ Zip _____

THE FORM (S) W-2 IS REQUESTED FOR THE FOLLOWING REASON:

Never Received Misplaced or Destroyed Social Security or Name Incorrect
(must attach supporting documentation)

Other (Please Explain): _____

Employee Signature

Date

PLEASE ATTACH A COPY OF AN I.D. WITH YOUR SIGNATURE

FOR PAYROLL DEPARTMENT USE ONLY

Date request rec'd _____ Original W-2 remailed: _____

Processed by: _____ Duplicate W-2 reissued: _____