

MAIL TO: TEACHERS COLLEGE, COLUMBIA UNIVERSITY
525 W. 120TH ST., BOX 235
NEW YORK, NY 10027
ATTN: PAYROLL
FAX NO.: 212-678-8217

DATE OF REQUEST

REQUEST FOR IRS FORM W-2

PLEASE PRINT

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year ending 200____.

EMPLOYEE NAME: _____

SOCIAL SECURITY NO _____

EMPLOYEE W-2 ADDRESS ON FORM:

Street Address _____

City _____ State _____ Zip Code _____

MAILING ADDRESS OTHER THAN ON W-2 FORM:

Street Address _____

City _____ State _____ Zip Code _____

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

The Reissued W/2 should be:

___ Never Received

___ Re-Mailed

___ Misplaced or Destroyed

___ Call Number _____ For Pick-up

___ Incorrect Social Security # or Name

___ Other (Explain)

___ Other (Explain)

Signature of Employee

FOR DEPARTMENT USE ONLY

Date request received: _____ Original W-2 remailed: _____
initials date

Processed by: _____ Duplicate W-2 reissued: _____
initials date

P/R
Form: Reissue
Revised: December 2002

Date Stamp

