

REQUEST FOR COPY OF TAX STATEMENT

(Please Print or Type)

DATE OF REQUEST: _____ TAX YEAR REQUESTED _____

FORM: W-2 _____ 1099MISC _____ 1042-S _____

NAME: _____

LAST 4 DIGITS OF TAX IDENTIFICATION NUMBER:

CURRENT MAILING ADDRESS TO SEND COPY:

Street Address _____

City _____ State _____ Zip Code _____

WORK LOCATION & NO.: _____

LOCATION ADDRESS: _____

City _____ State _____ Zip Code _____

The duplicate form is requested for the following reason:

_____ Never Received
_____ Misplaced or Destroyed
_____ Other → Explain _____

Signature of Requestor (Tax Statement Recipient)

SEND TO CAMPUS ADMINISTRATOR AT:

Email or Fax _____

Postal Address _____

ATTN: _____

FOR DEPT. USE ONLY:

Tax Statement reissued on: ____/____/____ Mailed on: ____/____/____

Processed By: _____