

**DUPLICATE W-2 or WAGE STATEMENT  
Request Form**

DEPARTMENT: \_\_\_\_\_ DEPT # \_\_\_\_\_

YEAR REQUESTED: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE NAME: FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_

EMPLOYEE SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS INFORMATION:**

STREET: \_\_\_\_\_ P O BOX / APT # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

EMPLOYEE DAYTIME PHONE # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**REASON FOR DUPLICATE W-2**

(Check one)

LOST ORIGINAL – TAX FILING

NEVER RECEIVED

OTHER \_\_\_\_\_

**REASON FOR WAGE STATEMENT**

(Check one)

MORTGAGE

COLLEGE LOAN

OTHER \_\_\_\_\_

**DISTRIBUTION :**

(Check one)

PICK UP IN BAC/PAYROLL

MAIL TO EMPLOYEE

MAIL TO PAYROLL CLERK

**FOR OFFICE USE ONLY**

DATE REQUEST PROCESSED \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUBMIT THIS FORM TO:**

Office of the State Controller  
Payroll Division  
14 State House Station OR FAX TO (207) 626-8453