

THE GEORGE WASHINGTON UNIVERSITY
PAYROLL SERVICES
801 22nd Street, NW, Rm. 101
Washington, DC 20052
Payroll Services

REQUEST FOR DUPLICATE FORM W-2

Please Print

Please reissue a Form W-2 for the following year _____

Employee Name _____

Social Security Number _____

Current Mailing Address _____

The duplicate is being requested for the following reason:

- Never received Misplaced or destroyed
 SSN or name incorrect Other _____

RE-MAIL DISTRIBUTION

- Please re-mail my duplicate to the above address
 I will pick up my W-2
 Please mail my duplicate to _____

Signature of Employee

If you are requesting your duplicate W-2 to be mailed, please fax (202-994-6958) a picture ID such as a driver's license or ID badge along with your request form. If you are picking up your duplicate W-2 in person, please be prepared to show picture ID.

Please allow 3 – 5 business days for processing

Received by: _____
Signature/Date

Mailed: _____
Date