



WILLIAM & MARY

CHARTERED 1693

Payroll Office

1314 S Mt Vernon Ave

Williamsburg VA 23185

P: 757-221-2848 F: 757-221-2846

EMPLOYEE REQUEST FOR DUPLICATE W-2 FORM

Please Print (Revised 01/2019)

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

Employee Name: _____

Banner ID: _____ Contact Phone Number: _____

Employee Current Mailing Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

The Form W-2 should be:

Mailed to current address

Held for pick up by employee

Employee Signature: _____

Payroll Department Use Only

Date Request Received: _____

Date Duplicate W-2 Mailed: _____

Date Duplicate W-2 Available for Pick-Up: _____

Identification Verification:

SSN

Photo ID

Other (explain): _____

Processed by: _____