

REQUEST FOR REISSUED W-2 FORM

Name: _____ Last 4 Digits of SSN: _____

Agency Code: _____ Phone #: _____

Department: _____ E-mail: _____

CURRENT MAILING ADDRESS (we will update our records)

Street Address _____

City: _____ State/Zip: _____

DO YOU WANT YOUR W -2: _____ Picked up or _____ Mailed

Year(s) of W-2(s) Needed: _____

REASON FOR THE REISSUED W-2:

_____ Never Received _____ Misplaced or Destroyed

_____ Other – Explain: _____

Please note: All duplicate W2 forms are subject to the authorization of the Office of the State Comptroller. Our office has the capability to reissue W2 forms within a 5- year window is a violation of

our confidentiality policy; therefore, reissued W forms will not be scanned, faxed or emailed by this office. Please contact Cheryl Robinson cheryl@binghamton.edu with questions regarding this policy.

Signature: _____ Date: _____

For Department Use Only

Tax statement reissued on: _____ Processed by: _____