

**SAMFORD UNIVERSITY**

**Payroll Office**

**800 Lakeshore Drive**

**Birmingham, AL 35229**

\_\_\_\_\_  
Date of Request

**Fax: (205) 726-2096**

**W-2 REQUEST**

(Please print or type)

Please reissue a Form W-2 for the following employee for the calendar year(s): \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SU ID or SS NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMPLOYEE CURRENT MAILING ADDRESS: **Change permanent mailing address  
(can not be changed to a SU Box)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR W2:**

- Mail home
- Campus address: \_\_\_\_\_
- Fax to: \_\_\_\_\_
- Pick up in Payroll Office

The duplicate W-2 is requested for the following reason:

- Original never received
- Original misplaced or destroyed
- Other (explain) \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

**FOR PAYROLL OFFICE USE ONLY:**

Date request received: \_\_\_\_\_ Original W-2 remailed: \_\_\_\_\_

Processed by: \_\_\_\_\_ Duplicate W-2 mailed: \_\_\_\_\_

Revised: 01/08