

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 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: 07/10