

MAIL TO: PAYROLL OFFICE
SWARTHMORE COLLEGE
500 COLLEGE AVENUE
SWARTHMORE, PA 19081

DATE OF REQUEST

FAX NO: (610) 328-8607

**REQUEST FOR IRS FORM W-2
PLEASE PRINT**

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

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: XXX - XX - _____ (LAST 4 DIGITS)

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address _____

City _____ State _____ Zip Code _____

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

_____ Never Received
_____ Misplaced or Destroyed
_____ Social Security Number or Name Incorrect
_____ Other (Explain) _____

Signature of Employee

FOR PAYROLL DEPT USE ONLY:

Date request rec'd: _____ Original W-2 mailed: _____

Processed by: _____ Duplicate W-2 reissued: _____