

Payroll Office

Payroll: 315-312-2227 **Fax:** 315-312-6333

SUNY Oswego 7060 New York 104, Oswego, NY 13126

REQUEST FOR A REISSUED W-2

| Name: | | Last 4 Digits of SSN: | | |
|--|---|---|---|--|
| NYS Emp ID#: | N | Phone #: | | |
| Department: | | | | |
| CURRENT M | IAILING ADDRESS: | | | |
| Street Address: | | | | |
| City: | | | | |
| DO YOU WA | NT YOUR W-2: | | | |
| Year(s) of W- | 2(s) Needed: | | | |
| THE REQUE REASON: | ST FOR THE REISS | UED W-2 IS FOR TH | E FOLLIWING | |
| Never Received | | | Misplaced or Destroyed | |
| Other | – Explain: | | | |
| Comptroller. Du our staff. Please All duplicate W- the State Comptr | duplicate W-2 forms are supplicate W-2 requests for the allow 3-5 business days for forms from 1998 through coller, and will be mailed to | te current available tax yed r your duplicate to be avai n the prior tax year are pro n our office via the USPS. | ar will be processed by lable for pickup. cessed by the Office of Please allow 30 days for | |
| processing. Our | office will contact you as s | oon as your duplicate forn | arrives. | |
| Signature: | | Dat | Date: | |
| ****** | ******** | | ******* | |
| | | rtment Use Only | | |
| Tax statement rec | quested on: | Requested | l by: | |
| Tax statement rei | ssued on: | Processed | by: | |