



Request for Duplicate Form W-2 for Tax Year(s): _____

Please return this form to: Faulkner University
Attn: Human Resources
5345 Atlanta Highway
Montgomery AL 36109 Fax# 334-386-7488
humanresources@faulkner.edu

Please issue a duplicate copy of the Wage and Tax Statement (Form W-2) for the following employee:

Employee Name: _____ SS#: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Is this a new address? Yes No Is this address on file with the University? Yes No

Reason for Request: Never Received Lost Misplaced Destroyed

Distribution of Form: Mail to above address Fax to # _____

Will be picked up by: _____

Signature of Employee: _____ **Date:** _____

Identification Requirements:

- If requesting that the form be mailed or faxed, please provide a copy of your photo identification along with this request form.
- If picking up the duplicate Form W-2 in person, please be prepared to show your ID.

Please allow up to 1 business day for your request to be processed.

For Human Resources Use Only:

Date request received: _____

Date distributed: _____

By: _____

By: _____