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## REQUEST FOR DUPLICATE W-2 WAGE and TAX STATEMENT FORMS

Date: \_\_\_\_\_

Name: \_\_\_\_\_

NYS Emplid Number:     N      
*(This number can be found on your paystub)*

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Tax Year Request: \_\_\_\_\_

Were you actively working at another CUNY school during the tax year?

YES

NO

Did you change your address during or after the tax year?

DURING

AFTER

Please select:

Mail to address above

Notify me for pick up

Other (please specify) \_\_\_\_\_

Signature: \_\_\_\_\_