



Request for Duplicate IRS Form W-2 _____

Year

Submit request form to: Truman State University
Payroll Office
McClain Hall 105
100 East Normal
Kirksville, Missouri 63501-4221
Fax: (660) 785-7337

Please issue a duplicate copy of the WAGE AND TAX STATEMENT (Form W-2) for the following employee:

Employee Name: _____

SSN: _____ Banner ID#: _____

Distribution of Form (check one) ☐ Pick up from Payroll ☐ Mail (*must complete next section*)

Mail Form To: _____
Street Address

City State ZIP

Reason for request: (check one) ☐ Never received ☐ Lost/Misplaced/Destroyed

If requesting the form be mailed, please provide a copy of photo identification (i.e. driver's license or University ID Card) along with this request form. If picking up the duplicate W-2 in person, please be prepared to provide the aforementioned identification upon receipt of the duplicate W-2. Allow three

business days to process this request.

Received by employee: _____
Signature of Employee

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For Payroll Department Use Only:

Date request received: _____ Date form mailed to employee: _____

Processed by: _____ Duplicate W-2 issued: _____

Original W-2 re-mailed _____

Duplicate W-2 request processing will begin mid-February with a 3-business day turnaround.