

TO: PAYROLL DEPARTMENT  
JACKSONVILLE UNIVERSITY  
2800 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211  
FAX # 904-256-7206

DATE OF REQUEST: \_\_\_\_\_

**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 NO.: \_\_\_\_\_

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

WORK LOCATION & NO.: \_\_\_\_\_

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

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

**I request that the reissued W-2 be mailed \_\_\_\_\_.**

**I request that the reissued W-2 be available for pickup \_\_\_\_\_.**

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**PLEASE NOTE: W-2's WILL BE MAILED OR AVAILABLE FOR PICKUP  
WITHIN 24 HOURS OF RECEIPT OF REQUEST IN PAYROLL**

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FOR PAYROLL DEPT. USE ONLY:

Date request received: \_\_\_\_\_ Original W-2 remailed: \_\_\_\_\_

Processed by: \_\_\_\_\_ Duplicate W-2 reissued: \_\_\_\_\_