



## DUPLICATE FORM W-2 WAGE & TAX STATEMENT REQUEST

EMPLOYEE ID# \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Update my *permanent mailing address* on file to the above

TAX YEAR(S) REQUESTED \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

***Duplicate W-2 Request forms received by e-mail will not be accepted.***

***Reissuance of a Duplicate W-2 may require up to 30 days.***

DELIVERY OPTIONS:

Mail to the address above.

I will pick up the requested form at the Accounting Department once I am contacted.

The undersigned requests a duplicate Form W-2 Wage & Tax Statement be issued by Biola University at a fee of \$10.00 for each tax year requested. Included is the fee of \$ \_\_\_\_\_ in

CASH

CHECK- Payable to *Biola University*

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

**Mail this form and fee to:**  
**Biola University**  
**Payroll Office**  
**13800 Biola Avenue**  
**La Mirada, CA 90639**

**For Office Use Only**

Request Received By \_\_\_\_\_

Request Received Date \_\_\_\_\_

Payment Recorded By \_\_\_\_\_

Payment Amount Received \$ \_\_\_\_\_

Print By \_\_\_\_\_

Printed Date \_\_\_\_\_

Address Updated By \_\_\_\_\_

*Revised March 2017*