



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

REQUEST FOR IRS FORM W-2

Please reissue a **WAGE AND TAX STATEMENT (Form W-2)** for the following employee for the tax year ending 20 _____.

Social Security #: _____ Banner ID#: _____

Please Print

Employee Name: _____

Employees' Current Mailing Address –

Street Address: _____

City: _____

State: _____ Zip Code: _____

The Form W-2 is requested for the following reason:

- Never Received
- Misplaced or Destroyed
- Social Security Number or Name Incorrect
- Other (Explain) _____

Signature of Employee

(Note: The Payroll Department will provide one reissued Form W-2 at no charge. An administrative fee may be charged for additional copies requested. Reissued Form W-2s are processed on a weekly basis. Allow at least two weeks for processing.)

Mail completed form to: UNC Greensboro
 Payroll Department
 PO Box 26170
 Greensboro, NC 27402-6170

Form can be faxed to: Attn: Payroll Department at (336) 334-3131

PAYROLL DEPARTMENT USE ONLY

Date Request Received: _____ Original W-2 Re-mailed: _____

Processed by: _____ Duplicate W-2 Reissued: _____