



CWU Payroll Department

Mitchell Hall



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 _____.

Last Name _____ First Name _____ MI _____

CWU ID _____ SS# (If no CWU ID) _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

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

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

Signature _____ Date _____

- _____ I will pick up my reprint on Thursday after 10 am
- _____ I would like my reprint Mailed to the above address

CWU Payroll Office, 2nd Floor, Mitchell Hall, 400 East 8th Ave, Ellensburg, WA 98926 963-2221

FOR PAYROLL DEPT USE ONLY

Date request received: _____ Original W-2 remailed: _____

Processed by: _____ Duplicate W-2 reissued: _____