



DUPLICATE TAX STATEMENT REQUEST

(PLEASE PRINT)

Please reissue requested statement for the following employee:

FORM: W-2 year _____ 1042-S year _____

1099 year _____ Laser Letter _____

Date Requested _____ **Mail or Pickup**

Assignment # _____ (can be found on pay stub)

Employee Name _____

Street Address _____

City _____ State _____ Zip _____

Office Phone # _____ Home Phone # _____

The duplicate form is requested for the following reason:

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

 Signature of Employee

Return request by:

Campus Mail: Human Resource Services
 390 Administration Building
 Zip: 0751

U. S. Post Office: SUNY @ Stony Brook
 390 Administration Building
 Stony Brook, NY 11794-0751

FOR DEPARTMENT USE ONLY:

Tax statement reissued on: _____ Mailed on: _____

Processed by: _____ Picked-up on: _____