



**GRAMBLING STATE UNIVERSITY**  
**Payroll Department**

## Duplicate W-2 Request Form

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**Requestor Name and Relationship** \_\_\_\_\_

**Date of Request** \_\_\_\_\_

**Tax Year(s)** \_\_\_\_\_

**Employee Name** \_\_\_\_\_

**Employee Social Security Number** \_\_\_\_\_

**Current Mailing Address:**

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

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

**Reason for Duplicate W-2**

\_\_\_\_ **Never Received**

\_\_\_\_ **Misplaced or Destroyed**

\_\_\_\_ **Incorrect Social Security Number\***

\_\_\_\_ **Incorrect Name\***

\_\_\_\_ **Other (Explain)** \_\_\_\_\_

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**Employee Signature**

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**Payroll Representative**

**\*Please attach original W2**