



GRAMBLING STATE UNIVERSITY
Payroll Department

Duplicate W-2 Request Form

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)** _____

Employee Signature

Payroll Representative

***Please attach original W2**