



University Payroll W-2 Reissue Request Form

An asterisk (*) denotes a required field.

Part I: Employee Information

*Affiliation Endowed Contract Faculty Staff Student Former Employee

*Cornell/Employee ID# _____ *Last Four Digits of SSN _____ *Date of Birth _____

*Employee Name _____

*Current Street Address _____

*City _____ *State _____ *Zip Code _____

*Daytime phone _____ *E-mail Address _____

Will be used for verification purposes.

Part II: W-2 Information

*Year To Be Reissued _____ If "Other" Year, Please Specify _____ Request to Pick Up In Person _____

*Reason for Reissue: Lost Destroyed Never Received Sent to a Different Address (see below) Other (specify below)

If Sent to a Different Address, Where? _____

If "Other," Please Specify

Part III: Authorized Signature

Note: If this form is submitted by e-mail, but not submitted using a Cornell e-mail account, you will be contacted to verify your identity.

Employee Signature Date _____

For Payroll Use Only

Verified By _____ Date _____ Mailed _____

E-mail, mail, or fax this completed form to ...

Cornell University Payroll
377 Pine Tree Road
Ithaca, NY 14850
Fax: (607) 255-3198
E-mail: uco-w2@cornell.edu