

Villanova University
Payroll Department
Duplicate W-2 Request
**(Must attach self-addressed stamped
envelope if you want it mailed)**

Employee Name _____
(Please Print)

Social Security Number _____ - _____ - _____

Duplicate W-2(s) requested _____
year(s)

Day Time Phone (____) _____ - _____

Current Address _____
Street Address

City State Zip

Employee Signature _____ Date _____

**Request must be accurately completed and signed.
Attach a self-addressed stamped envelope if you want it mailed.
Requests received by Friday are filled on the following
Wednesday, on a first come first served basis.
Requests cannot be filled without this completed form.**

For Office Use Only

Processed by _____ Date ____ / ____ / ____

Date Mailed ____ / ____ / ____ U.S.Mail / Picked-up
(circle)

If picked-up by employee, _____
Signature

Note to Payroll Staff:
Stamp "Reissued Statement" on W-2
Three copies, cut to size
Date Received in Payroll Office: