

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.**

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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: