



Request for Replacement of Tax Forms.

University of Washington, University of Washington Medical Center and Harborview Medical Center Only.

To request a replacement copy of your Tax Form or Stipend Letter, please provide the information below. Please print neatly, and make sure you sign and date the form at the bottom of the page.

Form Requested: (Please check needed form): <input type="checkbox"/> W2 <input type="checkbox"/> 1099R <input type="checkbox"/> 1042-S <input type="checkbox"/> UW Stipend Letter	Your Legal Name:
Tax Year Requested:	Your Social Security Number (or ITIN if any):

Please indicate below how you would like to receive your replacement Tax Form:

<input type="checkbox"/>	I will pick it up at the University Payroll Office in 2 business days.
<input type="checkbox"/>	Please mail it to me at the address below.

Please provide your current mailing address and a telephone number where you can be reached during the day. Due to confidentiality issues, forms will not be faxed.

Street Address			
City			
State/ Province		Country:	Zip/ Postal Code:
Daytime Telephone #		E-mail address	

Is this a new address?	Yes	<input type="checkbox"/>	Has it been changed with Dept. Records?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>

Your signature	
Date	

Please forward the completed form to:

University of Washington Payroll Office
3903 Brooklyn Ave. NE
Seattle, Washington 98105

Or

Fax to (206) 543-8137

For Office Use Only

<input type="checkbox"/>	Original W2 Reissued	Date	
<input type="checkbox"/>	Duplicate W2 Reprinted and Reissued	Date	