

**EMPLOYEE'S REQUEST FOR W-2 OR 1042s FORM
DUPLICATION**

*Mail or Fax completed form to: University of Pittsburgh . Payroll Department . 207P Craig Hall
Pittsburgh, PA . 15260 Fax: 412-624-8072*

Please Type or Print

Form Requested W2 _____ 1042S _____

Tax Year _____

Employee's Name _____ Date _____

Last four digits of Social Security Number _____

Daytime Phone _____ Email address _____

Lost _____ Original never received _____

Employee's Signature _____

A copy will be mailed within 1 week to the address shown on your pay statement.*

*If your address has changed, please complete the change section below. We will mail your duplicate form to this new address and update our payroll system.

Changes only:

Address _____

City/State/Zipcode _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Processed by: _____ Date: _____