

Office of Human Resources

Human Resources: 315-312-2227

Payroll: 315-312-2227

SUNY Oswego 7060 New York 104, Oswego, NY 13126

REQUEST FOR A REISSUED W-2

Name:	Last 4 Digits of SSN:
Agency Code:	Phone #:
Department:	E mail:
CURRENT MAILING ADDRESS:	
Street Address:	
City:	
DO YOU WANT YOUR W-2:	Picked up or Mailed
Year(s) of W-2(s) Needed:	
THE REQUEST FOR THE REISS REASON:	SUED W-2 IS FOR THE FOLLIWING
Never Received	Misplaced or Destroyed
Other – Explain:	
Comptroller. Duplicate W-2 requests for t our staff. Please allow 3-5 business days fo All duplicate W-2 forms from 1998 throug	Subject to the authorization of the Office of the State the current available tax year will be processed by for your duplicate to be available for pickup. The the prior tax year are processed by the Office of to our office via the USPS. Please allow 30 days for soon as your duplicate form arrives.
Signature:	Date:
*****	* * * * * * * * * * * * * * * * * * * *
For Depa	artment Use Only
Tax statement requested on:	Requested by:
Tax statement reissued on:	Processed by: