

STETSON UNIVERSITY

EMPLOYEE REQUEST FOR REPLACEMENT W-2 FORM

I have reviewed my address as it appears on my.stetson and it is correct

YES / NO (circle one)

(IF no, please enter your current address in the space provided below)

I am requesting a replacement W-2 form for the tax year _____

Please check one:

- Mail my replacement to my current address
- I will pick up my replacement at my campus box
- I will pick up my replacement at the payroll office

Employee Name: _____
(Print Name)

Employee ID # **800**-_____ Phone () _____

Current Address: _____

City, State, ZIP: _____

Employee Signature _____ Date: _____
(Sign Here)

Please return this completed form to the Payroll Department at

421 N. Woodland Blvd, Unit 8318,

DeLand, FL 32723

386-822-7021

E-mail: payroll@stetson.edu