

DUTCHESS

COMMUNITY COLLEGE

REPLACEMENT W-2 REQUEST FORM

DCC ID OR STATE ISSUED ID IS REQUIRED

Requestor Name: _____ Today's Date: _____
(Please Print Neatly)

Banner ID# or Last 4 Digits of Social Security Number: _____
(Please Print Neatly)

Address: _____

Daytime Phone Number: _____

Year of W-2 Requested: _____

How would you like to receive your replacement W-2?

_____ I would like it to be mailed to me
(The payroll office will only mail W-2 forms to the address listed on the W-2 form, or the address provided to the payroll office by the person named on the W-2 form – no exceptions will be made)

_____ I would like to pick it up from the payroll office
(Pick up available Monday – Friday 8:30 a.m. – 3:30 p.m. Valid picture identification is required to be presented at the time of pick up)

Requests for W-2 forms from tax year 2001 through the present tax year will require two business days to process. Requests for W-2 forms for all years prior to 2001 will require ten business days to process. With the exception of the current tax year, a copy of the actual W-2 will be provided to the employee – not an original document. Requested W-2 forms can only be picked up by the person named on the W-2 unless written, notarized permission is provided from the person named on the W-2 form. We are dedicated to protecting our employee's confidential information and we reserve the right to request a DCC ID or Driver License and proof of address before processing a replacement W-2 form request. It is against our policy to fax or e-mail a W-2 form to the requestor. Please address any questions or concerns to the Assistant Dean of Administration for Financial Services.

Signature _____ Date _____

Payroll Use Only

Date requestor can pick up W-2 form or list the date W-2 form will be mailed: _____

Date form was mailed or picked up by the requestor: _____ Initials: _____