Reset Form

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

W – 2 Duplicate Request

SUBMIT COMPLETED FORM TO:
Office of Payroll Administration
W-2 Adjustment Unit
450 West 33rd Street, 4th Floor
New York, NY 10001

If paying by Credit Card or Payroll Deduction, you may fax to:
(212) 857-7259
www.NYC.gov/payroll

AGENCY IDENTIFICATION

Agency Name: _____ Payroll Number: _____

W-2 Coordinator Name: _____ Agency Telephone: ____ ____ – ____
(if known)

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION

FIRST _____ M.I. ____ LAST _____

EMPLOYEE SOCIAL SECURITY NUMBER _____ DAYTIME TELEPHONE (Mandatory for DoE employees) ____ ____ – ____

MAILING ADDRESS
(Address to which copies of documents will be mailed)

☐ CHECK HERE IF THIS IS AN AGENCY ADDRESS

STREET ADDRESS _____

STREET ADDRESS CONTINUATION _____

BOROUGH / CITY / TOWN _____ STATE ____ ZIP CODE + 4 ____ – ____

TAX YEAR(S) REQUESTED

Enter the year(s) of your request (YYYY).

YEAR ____ YEAR ____ YEAR ____ YEAR ____ YEAR ____ YEAR ____

☐ W-2 ☐ 3RD PARTY DISABILITY ☐ 1127 STATEMENT

REQUESTED BY

☐ Employee Signature ☐ Other Authorized Person _____
Relationship

Signature _____

FEE CALCULATION – Enter quantity and total

	NUMBER OF ITEMS		FEE PER ITEMS	TOTAL
Duplicate W-2 Request Forms		X	**$5.00**	

A fee of $5 is charged for each copy of a W-2 or 1127 more than three years old. Fees do not apply to copies of documents of active employees of NYCHA, NYCERS, TRS, Police Pension Fund, or the Water Authority.

PAYMENT METHOD – Select method of payment (Cash Not Accepted)

☐ **Certified Check** ☐ **Money Order**

Please make certified check or money order payable to:
City of New York Office of Payroll Administration

☐ **Payroll Deduction** (FOR ACTIVE EMPLOYEES ONLY) _____
Employee Authorization for Payroll Deduction

☐ **Credit Card**

Complete section below for Credit Card

Credit Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

CREDIT CARD ACCOUNT NUMBER ____ ____ ____ ____ EXPIRATION DATE ____ / ____

CVV ____

Cardholder Name _____
(Print name as it appears on card)

Cardholder's Signature _____

FOR OPA USE ONLY

Request for copies received by:

Name _____
(Please Print)

Signature _____

Date (MM/DD/YY) _____

Items Mailed: _____ **Date** (MM/DD/YY) _____ **Initials** _____

Certified Check, Money Order, or Credit Card processed by:

Name _____
(Please Print)

Signature _____

Date (MM/DD/YY) _____

Payroll Deduction entered by:

Name _____
(Please Print)

Signature _____

Date (MM/DD/YY) _____

Deduction Code

7	0	5	9