



# W-2 Duplicate Request

Fax: (212) 857-7259  
Attn: W-2 Adjustment Unit

Mail: FISA-OPA  
W-2 Adjustment Unit  
5 Manhattan West, 4<sup>th</sup> Floor  
New York, NY 10001-2633

<b>AGENCY IDENTIFICATION</b>	AGENCY NAME _____	PAYROLL # _____
	W-2 COORDINATOR NAME (if known) _____	AGENCY PHONE _____

## EMPLOYEE SECTION

<b>EMPLOYEE IDENTIFICATION</b>	FIRST _____ M.I. _____ LAST _____
	SOCIAL SECURITY NUMBER _____ DAYTIME TELEPHONE _____ EMAIL ADDRESS _____

<b>MAILING ADDRESS</b> (Address to which copies of documents will be mailed)	STREET ADDRESS _____ <input type="checkbox"/> CHECK HERE IF THIS IS AN AGENCY ADDRESS
	STREET ADDRESS CONTINUATION _____
	BOROUGH / CITY / TOWN _____ STATE _____ ZIP CODE + 4 _____

<b>TAX YEAR(S) REQUESTED</b>	Enter the year(s) of your request (YYYY). YEAR YEAR YEAR YEAR YEAR YEAR
	_____ W-2 _____ 1127 STATEMENT _____

<b>REQUESTED BY</b>	Employee Signature _____ Other Authorized Person _____ Relationship _____
	Signature _____

## FOR OPA USE ONLY

Request for copies received by:

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print)

Date (MM/DD/YY) \_\_\_\_\_

Items Mailed: \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_ Initials \_\_\_\_\_