



# University Payroll W-2 Reissue Request Form

An asterisk (\*) denotes a required field.

## Part I: Employee Information

\*Affiliation  Endowed  Contract  Faculty  Staff  Student  Former Employee

\*Cornell/Employee ID# \_\_\_\_\_ \*Last Four Digits of SSN \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

\*Employee Name \_\_\_\_\_

\*Current Street Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Daytime phone \_\_\_\_\_ \*E-mail Address \_\_\_\_\_

*Will be used for verification purposes.*

## Part II: W-2 Information

\*Year To Be Reissued \_\_\_\_\_ If "Other" Year, Please Specify \_\_\_\_\_ Request to Pick Up In Person \_\_\_\_\_

\*Reason for Reissue:  Lost  Destroyed  Never Received  Sent to a Different Address (see below)  Other (specify below)

If Sent to a Different Address, Where? \_\_\_\_\_

If "Other," Please Specify

## Part III: Authorized Signature

**Note:** If this form is submitted by e-mail, but not submitted using a Cornell e-mail account, you will be contacted to verify your identity.

\_\_\_\_\_  
Employee Signature Date \_\_\_\_\_

## For Payroll Use Only

Verified By \_\_\_\_\_ Date \_\_\_\_\_ Mailed \_\_\_\_\_

**E-mail, mail, or fax this completed form to ...**

Cornell University Payroll  
377 Pine Tree Road  
Ithaca, NY 14850  
Fax: (607) 255-3198  
E-mail: [uco-w2@cornell.edu](mailto:uco-w2@cornell.edu)