



Rollins College  
Human Resource Department  
1000 Holt Avenue - 2718  
Winter Park, FL 32789  
PHONE: 407-646-2109  
FAX No.: 407-646-2189  
[kcuster@rollins.edu](mailto:kcuster@rollins.edu)  
[klmiller@rollins.edu](mailto:klmiller@rollins.edu)

Date: \_\_\_\_\_

REQUEST FOR IRS FORM W-2  
(PLEASE PRINT)

Please reissue a WAGE AND TAX STATEMENT (Form W-2) to the following employee for  
Tax Year \_\_\_\_\_.

SOCIAL SECURITY NO: XXX-XX- R# \_\_\_\_\_

NAME (Print): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ Zip Code \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ Zip Code \_\_\_\_\_

The FORM W-2 is requested for the following reason:

- Never Received
- Misplaced or Destroyed
- Social Security Number or Name Incorrect
- Other (Explain) \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

FOR PAYROLL USE ONLY:

RECEIVED: \_\_\_\_\_ W-2 REMAILED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ DUPLICATE W-2 REISSUED: \_\_\_\_\_