

REQUEST FOR IRS FORM W-2
CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
(562) 985-8486 or (562) 985-8487

MAIL TO: CSULB Research Foundation
Attn: Payroll Department
6300 E State University Drive, Suite 332
Long Beach, CA 90815

_____ Date of Request

PLEASE PRINT

I request the reissue of my **W-2 Form(s)** for the tax year(s) ending

Employee Name: _____

Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home/Mobile Phone: _____

Work Phone (campus extension): _____

Email Address: _____

The **W-2 Form** is requested for the following reason:

Never Received (If mailing address has changed, attach a Change of Address Form)

Misplaced or Destroyed

Social Security Number Incorrect

Name Incorrect (Include a copy of your Social Security Card)

Other (please explain) _____

There is a \$5.00 fee per year for duplicate copies of the **W-2 Form**. Please check one of the following:

Charge credit card: (select one) Visa Mastercard American Express

Account #: _____ Expiration Date: _____

Payment is enclosed

Pick up from Payroll in Foundation Ste. 332 (Pay Foundation Cashier in Brotman Hall; Mon-Fri 9 to 12)

Signature of Employee

Date

NOTE: Duplicate Form W-2 will be ready for pick-up/mailing within 5 business days.

FOR PAYROLL DEPARTMENT USE ONLY

Date request received: _____ Processed by: _____ Account# 580090 Fund/Dept# GF100-70300

Original W-2 remailed: _____ Duplicate W-2 reissued: _____