## Duplicate Form W2 Request

Please reissue a Wage and Tax Statement (Form W-2) for the tax year indicated below.

Tiense reissue a rrage and tax statement (Form rr-2) for the tax year indicated below.		
	Please Print Legibly	
Today's Date		
Employee Name		
Social Security No		
Choose only one option:		
Current Mailing Address or Mail W2 to this Address Only or Hold for Pick-up		
Email Address for pick-up only:		
Street Address (Address must be completed;		
include c/o if applicable)		
City	State	Zip
Please issue a duplicate for the following tax year(s):		
Form W-2 is being requested for the following reason:		
Form W-2 is being requested for the following reason:		
Original has not been Received Misplaced or Destroyed		
Carial Carriet Name to Name to Name to		
Address Change Social Security Number or Name Incorrect		
Other (Please Explain):		
Duplicate W2s are issued one time per week on Fridays when it does not interfere with the		
regular payroll processing for those requests received by the end of the prior business day.		
(Duplicate W-2 forms for the	e prior tax year will be issued beginning after Februa	ry 28 of the current year.)
Employee Signature	Date	
Employee Signature	Date	
Mail, Fax, or Deliver this Form to Payroll		
Mail to:	Lewis and Clark College	
	Attn: Payroll Department	
0615 SW Palatine Hill Road		
Portland OR 97219		
F. N. 500 760 6000		
Fax No: 503-768-6233		
Campus Delivery: MSC 72  HP/Povroll Office Physical Lagation: South Compus Changl Appey Grad School Gate 7		
HR/Payroll Office Physical Location: South Campus Chapel Annex Grad School Gate 7		
For Payroll Department Use On	Date Received	
Original W-2 re-mailed Duplicate W-2 issued		
Processed by Date Processed/Mailed		