

Mail or Fax to: Central New Mexico Community College  
Payroll Department  
PO Box 4586  
Albuquerque, NM 87196-4586  
Fax (505) 224-4359

\_\_\_\_\_  
Date of Request

## REQUEST FOR DUPLICATE IRS FORM W-2

***Please print legibly.***

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following tax year \_\_\_\_\_.

EMPLOYEE NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

EMPLOYEE CURRENT MAILING ADDRESS:

*(If address is different than payroll records, this information will serve as a request to update address in Human Resources records.)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

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

- \_\_\_\_\_ Never Received  
\_\_\_\_\_ Misplaced or Destroyed  
\_\_\_\_\_ Other (Please explain) \_\_\_\_\_

**Employee's signature and photo id OR notarized form are required for a duplicate W-2 to be re-issued.**

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

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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FOR PAYROLL DEPT. USE ONLY:

Date request received: \_\_\_\_\_

Original W-2 re-mailed: \_\_\_\_\_

Duplicate W-2 reissued: \_\_\_\_\_

Reissued W-2 mailed: \_\_\_\_\_

Reissue Available for pick-up \_\_\_\_\_

Address correct on original W-2: **Yes**  **No**

(If address is not correct, forward to HR)

Processed by: \_\_\_\_\_

Forward copy to HR: \_\_\_\_\_