

W – 2 Duplicate Request

SUBMIT COMPLETED FORM TO:
Office of Payroll Administration
W-2 Adjustment Unit
One Centre Street, Room 200N
New York, NY 1007

If paying by Credit Card or Payroll Deduction, you may fax to:
(212) 669-4928
www.NYC.gov/payroll

AGENCY IDENTIFICATION	Agency Name: _____	Payroll Number: _____
	W-2 Coordinator Name: _____ (if known)	Agency Telephone: _____

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION	FIRST _____	M.I. _____	LAST _____
	EMPLOYEE SOCIAL SECURITY NUMBER _____	DAYTIME TELEPHONE (Mandatory for DoE employees) _____	

MAILING ADDRESS <small>(Address to which copies of documents will be mailed)</small>	STREET ADDRESS _____ <input type="checkbox"/> CHECK HERE IF THIS IS AN AGENCY ADDRESS		
	STREET ADDRESS CONTINUATION _____		
	BOROUGH / CITY / TOWN _____	STATE _____	ZIP CODE + 4 _____

TAX YEAR(S) REQUESTED	Enter the year(s) of your request (YYYY).				
	YEAR _____	YEAR _____	YEAR _____	YEAR _____	YEAR _____
	___ W-2	___ 3 RD PARTY DISABILITY	___ 1127 STATEMENT		

REQUESTED BY	___ Employee Signature _____		___ Other Authorized Person _____		Relationship _____
	Signature _____				

FEE CALCULATION – Enter quantity and total	PAYMENT METHOD – Select method of payment (Cash Not Accepted)						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">NUMBER OF ITEMS</th> <th style="width:10%;">FEE PER ITEMS</th> <th style="width:15%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td>Duplicate W-2 Request Forms</td> <td style="text-align: center;">X \$5.00</td> <td></td> </tr> </tbody> </table> <p>A fee of \$5 is charged for each copy of a W-2 or 1127 more than three years old. Fees do not apply to copies of documents of active employees of NYCHA, NYCERS, TRS, Police Pension Fund, or the Water Authority.</p>	NUMBER OF ITEMS	FEE PER ITEMS	TOTAL	Duplicate W-2 Request Forms	X \$5.00		<p><input type="checkbox"/> Certified Check <input type="checkbox"/> Money Order <i>Please make certified check or money order payable to: City of New York Office of Payroll Administration</i></p> <p><input type="checkbox"/> Payroll Deduction (FOR ACTIVE EMPLOYEES ONLY) _____ Employee Authorization for Payroll Deduction</p> <p><input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card (Not accepted by fax or mail) Complete section below for Credit and Debit Cards</p>
NUMBER OF ITEMS	FEE PER ITEMS	TOTAL					
Duplicate W-2 Request Forms	X \$5.00						

Credit Card Type: ___ MasterCard ___ VISA ___ Discover ___ American Express	CREDIT CARD ACCOUNT NUMBER _____ EXPIRATION DATE _____ / _____
Cardholder Name _____ <small>(Print name as it appears on card)</small>	Cardholder's Signature _____

FOR OPA USE ONLY

Request for copies received by: Name _____ <small>(Please Print)</small> Signature _____ Date (MM/DD/YY) _____ Items Mailed: Date (MM/DD/YY) Initials	Certified Check, Money Order, or Credit/Debit Card processed by: Name _____ <small>(Please Print)</small> Signature _____ Date (MM/DD/YY) _____	Payroll Deduction entered by: Name _____ <small>(Please Print)</small> Signature _____ Date (MM/DD/YY) _____ <div style="text-align: right;">Deduction Code _____</div>
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