



GRAMBLING STATE UNIVERSITY
Payroll Department

Duplicate W-2 Request Form

Requestor Name and Relationship _____

Date of Request _____

Tax Year(s) _____

Employee Name _____

Employee Social Security Number _____

Current Mailing Address:

Street Address _____

City _____ **State** _____ **Zip Code** _____

Reason for Duplicate W-2

_____ **Never Received**

_____ **Misplaced or Destroyed**

_____ **Incorrect Social Security Number***

_____ **Incorrect Name***

_____ **Other (Explain)** _____

Employee Signature

Payroll Representative

***Please attach original W2**