

**REQUEST FOR DUPLICATE W-2 FORM:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

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

\_\_\_\_\_

Year W-2 requested for: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Please submit this form to the Human Resources Office at Baruch College – CUNY, one Bernard Baruch Way, Box D-0202, New York, 10010 or fax your request to 646 660-6591. Telephone requests will not be accepted. Processing this request will take four to seven business days upon receipt.

**Please note that person employed at more than one CUNY College will receive only one W-2 form, which will combine all tax-levy incomes.**