

**REQUEST FOR DUPLICATE W-2 FORM**

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

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

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Delivery Instructions

Mail

Hold for Pick Up

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

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 646-660-6614.

Telephone requests will not be accepted. Processing this request will take four to seven business days upon receipt.

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