

EMPLOYEE REQUEST FOR DUPLICATE W-2 FORM  
PLEASE PRINT (revised 08/2017)

Mail To: Old Dominion University  
Payroll Department  
Spong Hall  
5255 Hampton Boulevard  
Norfolk, Virginia 23529-0045  
FAX: (757) 683-6199  
PH#: (757) 683-4337

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

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

EMPLOYEE NAME: \_\_\_\_\_

UNIVERSITY IDENTIFICATION NUMBER \_\_\_\_\_

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