

SYRACUSE UNIVERSITY

Request for reissue of Form W-2 / 1042-S

Please submit to the Payroll Service Center at: Skytop Office Building, Room 106 Syracuse, NY 13244-5300 (315) 443-4042
or fax to (315) 443-9565

Please complete sections A – D and sign and date section E below. Do not write in shaded areas.
Your reissue of form W-2 / 1042-S will be available to be picked up or mailed to the address specified below within **5** business days
from when this request is received in the Payroll Service Center.

SUID:		SSN:		Name:	
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Section A: Request Information

Please reissue (check which) W-2 and/or 1042-S form for the calendar year _____

Please mail my reissued form(s) to:

My Home Address specified below

My Mailing Address specified below

Please contact me when my reissued form(s) is available to be picked up at the Payroll Service Center.

Phone Number to Call _____

Email _____

Section B: Home Address Information:

Address Line 1

Address Line 2

City, St, Zip, Ctry

Section C: Mailing Address Information: (if different than home address)

Address Line 1

Address Line 2

City, St, Zip, Ctry

Section D: Telephone Information:

Phone – Perm.

Phone – Campus

Section E: Signatures & Processing Information:

Authorized Signature:

Date:

Service Center Processed By:

Date:

Updated Home Address on Personal Data

Updated Perm. Phone Number on Personal Data

Updated Mailing Address on Personal Data

1042-S Form exists -- YES NO

Do not write in shaded areas