

REQUEST FOR DUPLICATE W-2 FOR TAX YEAR: _____

Please issue a duplicate copy of the Wage and Tax Statement (Form W-2) for the following employee:

***If a request is made after April 15 or for a previous year, a \$6.00 fee will be charged. Please submit \$6.00 in check or money order only.**

Employee name: _____ NSU ID: N_____

Distribution of Form:

Pick Up from Payroll Office: **PAYROLL IS LOCATED ON THE EAST CAMPUS AT
3100 SW 9TH AVE. (NEAR FT LAUDERDALE AIRPORT)**

Mail Form: _____
Street Address

City State Zip Code

Reason for Request: Never Received Lost/Misplaced/Destroyed

Signature of Employee: _____

Contact Number/Extension: _____

*If requesting that the form be mailed, please provide a copy of picture identification, such as a driver's license (former employees) or ID badge (current employees), along with this request form. If picking up the duplicate form W-2 in person, please be prepared to show picture ID such as a driver's license or your ID badge. **Allow five business days to process your request.**

Please return this form to the Payroll Department:

EMAIL: PAYROLL@nova.edu

FAX: (954) 262-3997

MAIL: Nova Southeastern University
Payroll Department
3100 SW 9TH AVE
Ft Lauderdale, FL. 33315

For Payroll Department Use Only:

Date request received: _____

Date form mailed to employee: _____

Or Date picked up by employee: _____

Signature of employee if picked up in person: _____