

	<b>W-2 Duplicate Request</b>	Fax: (212) 857-7226 Attn: W-2 Adjustment Unit	Mail: FISA-OPA W-2 Adjustment Unit 5 Manhattan West, 4 <sup>th</sup> Floor New York, NY 10001-2633
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<b>AGENCY IDENTIFICATION</b>	AGENCY NAME <input type="text"/>	PAYROLL # <input type="text"/>
	W-2 COORDINATOR NAME (if known) <input type="text"/>	AGENCY PHONE <input type="text"/>

## EMPLOYEE SECTION

<b>EMPLOYEE IDENTIFICATION</b>	FIRST <input type="text"/> M.I. <input type="text"/> LAST <input type="text"/>		
	SOCIAL SECURITY NUMBER <input type="text"/>	DAYTIME TELEPHONE <input type="text"/>	EMAIL ADDRESS <input type="text"/>

<b>MAILING ADDRESS</b> (Address to which copies of documents will be mailed)	<input type="checkbox"/> CHECK HERE IF THIS IS AN AGENCY ADDRESS		
	STREET ADDRESS <input type="text"/>		
	STREET ADDRESS CONTINUATION <input type="text"/>		
	BOROUGH / CITY / TOWN <input type="text"/>	STATE <input type="text"/>	ZIP CODE + 4 <input type="text"/> - <input type="text"/>

<b>TAX YEAR(S) REQUESTED</b>	Enter the year(s) of your request (YYYY).					
	YEAR <input type="text"/>	YEAR <input type="text"/>	YEAR <input type="text"/>	YEAR <input type="text"/>	YEAR <input type="text"/>	YEAR <input type="text"/>

☐ W-2
 ☐ 1127 STATEMENT

<b>REQUESTED BY</b>	<input type="checkbox"/> Employee Signature <input type="checkbox"/> Other Authorized Person		<input type="text"/>
	Signature _____		Relationship <input type="text"/>

## FOR OPA USE ONLY

Request for copies received by:

Name _____ (Please Print)	Signature _____
Date (MM/DD/YY) _____	
Items Mailed: _____	Date (MM/DD/YY) _____
Initials _____	