

Date request received:

Request for Duplicate W-2 Form for Tax-Year:

*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.

Please return this form to: Nova Southeastern University

Payroll Department 3301 College Avenue Ft Lauderdale, FL 33314

OR FAX TO (954) 262-3997 OR SCAN to payroll@nova.edu.

| Please issue a | duplicate copy of the Wa | age and Tax Statement (F | orm W-2) for the following emp | oloyee: |
|--------------------------|----------------------------|--------------------------|--------------------------------|---------|
| Employee nar | ne: | | | _ |
| Nova ID No: N | | | | |
| Mail form to | | | | |
| Wian form to | (Street Address) | | | |
| | City | State | Zip Code | |
| Reason for Re | equest (Check one): | Never Received | Lost/Misplaced/Destroyed | |
| Signature of F | Employee: | | | |
| Phone Number/e | xtension: | | | |
| You <mark>MUST</mark> in | clude a copy of a Pic | ture ID in order for I | Payroll to process this requ | est. |
| Allow five busing | ess days to process your r | equest. | | |
| | | | | |
| For Payroll | Department Use Only: | | | |

Date form mailed to employee: