

FLORIDA A&M UNIVERSITY
DUPLICATE W2 REQUEST

YEAR(S) REQUESTED: _____

NAME: _____

EMPLOYEE ID#: _____

LAST FOUR OF SSN: _____

CONTACT NUMBER: _____

CHECK PREFERRED DELIVERY OPTION:

IN-PERSON PICK UP: _____

MAIL OUT (USPS): _____

MAILING ADDRESS: _____

EMAIL: _____

EMAIL ADDRESS: _____

EMPLOYEE SIGNATURE

DATE

RECEIVED/PROCESSED BY

DATE