

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM
W - 2 Duplicate Request

SUBMIT COMPLETED FORM TO:
**Office of Payroll Administration
W-2 Adjustment Unit**
One Centre Street, Room 200N
New York, NY 10007

If paying by Credit Card or
Payroll Deduction, you may
fax to: (212) 669-4928
www.NYC.gov/payroll

AGENCY IDENTIFICATION	Agency Name: _____	Payroll Number: <input type="text"/> <input type="text"/> <input type="text"/>
	W-2 Coordinator Name: _____ (If known)	Agency Telephone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION	FIRST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M.I. <input type="text"/>	LAST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAYTIME TELEPHONE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Mandatory for DoEd employees)	

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

TAX YEAR(S) REQUESTED	Enter the year(s) of your request.					
	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> W -2	<input type="checkbox"/> 3RD PARTY DISABILITY	<input type="checkbox"/> 1127 STATEMENT			

Requested by: _____	<input type="checkbox"/> Employee Signature	<input type="checkbox"/> Other Authorized Person _____	Relationship _____
Signature _____			

FEE CALCULATION - Enter quantity and total	PAYMENT METHOD - Select method of payment (Cash Not Accepted)								
<table border="1"> <thead> <tr> <th></th> <th>NUMBER OF ITEMS</th> <th>FEE PER ITEMS</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>Duplicate W-2 Request Forms</td> <td>X</td> <td>\$5.00</td> <td></td> </tr> </tbody> </table> <p>A fee of \$5 is charged for each copy of a W-2 or 1127 more than three years old. Fees do not apply to copies of documents of active employees of NYCHA, NYCERS, TRS, Police Pension Fund, or the Water Authority.</p>		NUMBER OF ITEMS	FEE PER ITEMS	TOTAL	Duplicate W-2 Request Forms	X	\$5.00		<input type="checkbox"/> Certified Check <input type="checkbox"/> Money Order <small>Please make certified check or money order payable to: City of New York Office of Payroll Administration</small> <input type="checkbox"/> Payroll Deduction <small>(FOR ACTIVE EMPLOYEES ONLY)</small> _____ Employee Authorization for Payroll Deduction <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <small>(Not accepted by fax or mail)</small> <small>Complete section below for Credit and Debit Cards</small>
	NUMBER OF ITEMS	FEE PER ITEMS	TOTAL						
Duplicate W-2 Request Forms	X	\$5.00							

Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	CREDIT CARD ACCOUNT NUMBER	EXPIRATION DATE
Cardholder Name _____ (Print name as it appears on card)	Cardholder's Signature _____	

FOR OPA USE ONLY

Request for copies received by: _____	Certified Check, Money Order, or Credit / Debit Card processed by: _____	Payroll Deduction entered by: _____ Deduction Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name _____ (Please Print)	Name _____ (Please Print)	Name _____ (Please Print)
Signature _____	Signature _____	Signature _____
Items Mailed: _____ MONTH DAY YEAR Initial _____	MONTH DAY YEAR <input type="text"/> <input type="text"/> <input type="text"/>	MONTH DAY YEAR <input type="text"/> <input type="text"/> <input type="text"/>