



**Payroll Services**  
*Take Control of Your Payroll Today!*

payrollservices@cps.edu  
Telephone (773)553-4729 ♦♦ Fax (773)553-2510

**W2 RE-ISSUE REQUEST**

**W2 RE-ISSUE REQUEST**

**Instructions:** Please print and complete applicable sections. Form can be faxed (773-553-2510) or emailed to [payrollservices@cps.edu](mailto:payrollservices@cps.edu) with subject line **Duplicate W2 Request**.

**EMPLOYEE DATA:**

Employee ID: \_\_\_\_\_ Tax Year: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Email (optional): \_\_\_\_\_

**COMPLETE THIS SECTION ONLY TO REPORT DEPARTMENT/LOCATION CHANGE:**

New Mail Run: \_\_\_\_\_ New Location: \_\_\_\_\_

*(Your Payroll Clerk can provide these numbers for you)*

**COMPLETE THIS SECTION ONLY TO REPORT A CHANGE OF ADDRESS:**

**Former Address:**

Street Address/Appt #: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**New Address:**

Street Address/Appt #: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**Distribution Method Desired:**

Mail to home address (new address)

Mail to school mail run/location

I understand that the falsification of this statement of address shall constitute Grounds for dismissal. By signing this form, I certify that the information provided herein is true and correct.

I further state that this form is my official request to request a duplicate W2 form for the tax year indicated above.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Payroll Use Only:  
Date Received: \_\_\_\_\_ Logged by: \_\_\_\_\_



**Payroll Services**  
*Take Control of Your Payroll Today!*

payrollservices@cps.edu  
Telephone (773)553-4729 ♦♦ Fax (773)553-2510

## How to Complete W2 RE-ISSUE REQUEST

Please print clearly and complete applicable sections. Form can be faxed (773-553-2510) or emailed to [payrollservices@cps.edu](mailto:payrollservices@cps.edu) with subject line **Duplicate W2 Request**.

**Employee ID #:** Nine digit employee identification number assigned by PeopleSoft . Leading zeros required

**Tax year of requested W2** (fill out one form per year)

**Telephone number** in case you need to be contacted regarding this request

**Employee Last name**

**Employee First name**

**E-mail (optional)** in case we need to contact you regarding this request

**Complete this section *ONLY* if you have change schools/Dept.** (This information can be provided by your payroll clerk)

**Enter New Mail run id**

**Enter New Location**

**Complete this section *ONLY* if you have an address change**

**Enter Former address**

**Enter New address**

**Choose Distribution Method Desired**

**Note** - To protect your sensitive information we do not fax or e-mail copies of W2's

**Mail to home address** will be mailed to your current home address or new address if applicable

**Mail to school mail run/location** will be mailed to your current school/Dept or new if applicable

**Sign and date**

Payroll Use Only:  
Date Received: \_\_\_\_\_ Logged by: \_\_\_\_\_