



Office of the Controller -Payroll
Administration Bldg. Room 138
Ph. (561) 297-6401
Fax (561) 297-1062
<http://www.fau.edu/controller/payroll/>

REQUEST FOR DUPLICATE W-2

There is a \$10 charge to issue a replacement or duplicate W-2 form. Please note that all active employees can view and print W2 forms through self-service in Workday. Terminated employees must submit the request to receive a replacement or duplicate W2 form.

Please submit the \$10 fee with link listed below:

https://epay.fau.edu/C20081_ustores/web/store_main.jsp?STOREID=166

Please email this completed form to payroll@fau.edu along with a copy of your photo identification.

Please note that requests will not be honored a copy of the photo identification and payment.

Date: _____

Name: _____

Social Security Number (Last 4 digits):_

As per IRS Publication 15 and Florida State Statute 119.071(5)(a)2., (5)(a)3., (5)(a)2., (5)(a)4., and (5)(a)9 your social security number is being requested to search and verify against IRS records.

Phone # (_____) _____

Tax Year(s) Requested _____

Address: _____

Signature _____