THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM **W – 2 Duplicate Request**	*SUBMIT COMPLETED FORM TO:* **Office of Payroll Administration W-2 Adjustment Unit** 450 West 33rd Street, 4th Floor New York, NY	If paying by Credit Card or Payroll Deduction, you may fax to: **(212) 857-7259** www.NYC.gov/payroll

AGENCY IDENTIFICATION

Agency Name: _____   Payroll Number: _____

Agency Telephone:

W-2 Coordinator Name: _____
(if known)

_____ _____ _____

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION

FIRST _____   M.I. ___   LAST _____

EMPLOYEE SOCIAL SECURITY NUMBER
_____

DAYTIME TELEPHONE (Mandatory for DoE employees)
_____ – _____ – _____

MAILING ADDRESS
(Address to which copies of documents will be mailed)

__ CHECK HERE IF THIS IS AN AGENCY ADDRESS

STREET ADDRESS
_____

STREET ADDRESS CONTINUATION
_____

BOROUGH / CITY / TOWN _____   STATE _____   ZIP CODE + 4 _____ – ____

TAX YEAR(S) REQUESTED

Enter the year(s) of your request (YYYY).

YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
_____	_____	_____	_____	_____	_____

___ W-2   ___ 3RD PARTY DISABILITY   ___ 1127 STATEMENT

REQUESTED BY

__ Employee Signature   __ Other Authorized Person _____
                                                                              Relationship

Signature _____

FEE CALCULATION – Enter quantity and total

	NUMBER OF ITEMS	FEE PER ITEMS	TOTAL
Duplicate W-2 Request Forms		X **$5.00**	

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.

PAYMENT METHOD – Select method of payment (Cash Not Accepted)

___ **Certified Check**   ___ **Money Order**

Please make certified check or money order payable to: ***City of New York Office of Payroll Administration***

__ **Payroll Deduction** (FOR ACTIVE EMPLOYEES ONLY) _____

Employee Authorization for Payroll Deduction

___ **Credit Card**

Complete section below for Credit Card

Credit Card Type: ___ MasterCard   ___ VISA

___ Discover   ___ American Express

CREDIT CARD ACCOUNT NUMBER
____ ____ ____ ____

EXPIRATION DATE
____ / ____

CVV

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 Card processed by:	Payroll Deduction entered by:
Name (Please Print) _____	**Name** (Please Print) _____	**Name** (Please Print) _____
Signature _____	**Signature** _____	**Signature** _____
Date (MM/DD/YY) _____	**Date** (MM/DD/YY) _____	**Date** (MM/DD/YY) _____
Items Mailed: **Date** (MM/DD/YY) **Initials** _____ _____ _____		**Deduction Code** _____