<b>FISA</b> Payroll	W-2 Du		licate Reques	st	Attn: W-2 Mail: FIS W- 5 M	2 Adjustmei	nt Unit /est, 3rd Floor	
		Agency Name			Payroll #			
AGENCY IDENTIFICATION		W-2 Coordinator Name (if known)				Agency Telephone		
EMPLOYEE SECTION								
		First M.I. Last						
EMPLOYEE IDENTIFICATION		SSN Daytime Telephone Email Address						
		Check here if this is an agency address Street Address						
MAILI ADDRI (Address t tax docume be mai	ESS to which nents will	Street Address	-	on				
		City			State	ZIP C	ode + 4	
		Enter the year(s) of your request (YYYY):						
TAX YEA	. ,	Year	Year	Year	Year	Year	Year	
			W-2		1127 Statement			
	RIZING	Employee Signature			Other Authorized Person			
PAR AUTHOR					Name of Other	<sup>.</sup> Authorized	Person	
RELEAS		Signature			Relationsh	nip to Emplo	vee	

If this form is signed by someone other than the employee please provide proof you are authorized to make this request (i.e., a valid power of attorney).

NEW YORK NOTARY ACKNOWLEDGMENT								
State of New York								
County of								
)								
) ss:)								
On the day of in the year	before me, the undersigned, personally							
appeared, personally known to me or proved to me on								
the basis of satisfactory evidence to be the individual								
instrument and acknowledged to me that he/she/they								
and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of								
which the individual(s) acted, executed the instrumer	nt.							
Notary Public State of New York								
My Commission Expires:								
FOR FISA-OP	A USE ONLY							
Request for copie	es received by:							
Name	Items Mailed							
(Please Print)								
Signature	Date							
Date	Initials							