



W-2 Duplicate Request

Fax: (212) 857-7276
Attn: W-2 Adjustment Unit

Mail: FISA-OPA
W-2 Adjustment Unit
5 Manhattan West, 4th Floor
New York, NY 10001-2633

AGENCY IDENTIFICATION	Agency Name	Payroll Number
	W-2 Coordinator Name (if known)	Agency Telephone

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION	First	M.I.	Last
	Social Security Number	Daytime Telephone	Email Address

MAILING ADDRESS (Address to which tax documents will be mailed)	Check here if this is an agency address		
	Street Address		
	Street Address Continuation		
	City	State	ZIP code + 4

TAX YEAR(S) REQUESTED	Enter the year(s) of your request (YYYY)					
	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
	W-2			1127 STATEMENT		

REQUESTED BY	Employee	Employee Signature	
	Authorized Person	Relationship to Employee	Name

FOR FISA-OPA USE ONLY

Request for duplicate received by:		
Name (Please Print)	Signature	Date (MM/DD/YYYY)
Items Mailed:	Date (MM/DD/YYYY)	Initials