

## W-2 Form Reissue Request

ALL INFORMATION MUST BE COMPLETED LEGIBLY BEFORE A W-2 CAN BE REISSUED.

**The Payroll Department will process W2 reissue requests  
weekly beginning on February 15, 2017.**

|               |  |
|---------------|--|
| EMPLOYEE NAME |  |
|---------------|--|

*Print full name as it appears on your Social Security Card*

|            |               |                      |
|------------|---------------|----------------------|
| BANNER ID# | DATE OF BIRTH | LAST 4 DIGITS OF SS# |
|            |               |                      |

W-2 IS BEING REQUESTED FOR THE YEAR OF (Check all that apply) :

2010      2011      2012      2013      2014      2015      2016

- Use the address below to process this W-2 Request only
- Use the address below to process this W-2 request AND update my permanent home (mailing) address in BANNER.

|                 |  |                 |  |
|-----------------|--|-----------------|--|
| Street Address: |  |                 |  |
| City:           |  | State:          |  |
| Zip:            |  | Country:        |  |
| Home Phone:     |  | Daytime Phone:  |  |
| Cell Phone:     |  | E-mail Address: |  |

I, the undersigned, authorize East Carolina University to mail the W-2(s) requested to the above address.

Notify me for pickup. (Picture ID will be required at time of pickup)

SIGNATURE: \_\_\_\_\_

Legal action may be taken against any person requesting this information who is not the above signatory. University policy prohibits faxing or emailing W-2 Forms for confidentiality reasons. Original or duplicate W-2 forms will be sent via US mail.

Email form to: [payrolltax@ecu.edu](mailto:payrolltax@ecu.edu) or Fax to: 252-328-0910

Or deliver to: Payroll Office, Mailstop 226, 120 Reade Street, Greenville, NC 27858

FOR PAYROLL DEPARTMENT USE ONLY:

Date request rec'd: \_\_\_\_\_

Original W-2 remailed: \_\_\_\_\_

Processed by: \_\_\_\_\_

Duplicate W-2 mailed: \_\_\_\_\_