

For Internal Use Only

Date Request Sent to Printer/A & R _____

Date Duplicate Received _____

Date Duplicate Sent to Employee _____

Completed By _____

Kansas State University
Division of Human Resources
103 Edwards Hall
Manhattan, KS 66506-4801
PHONE: (785) 532-6277
FAX: (785) 532-6095

DUPLICATE W-2 REQUEST

Today's Date _____ W-2 Year Requested _____

Requested By (If Different Than Employee Named Below) _____

Employee Name _____

Employee SSN _____ Employee ID# _____

Employee Dept. _____ Employee Phone _____

Mailing Address
For Duplicate W-2 _____
