

EMPLOYEE REQUEST FOR DUPLICATE W-2 FORM
PLEASE PRINT (revised 08/2017)

Mail To: Old Dominion University
Payroll Department
Spong Hall
5255 Hampton Boulevard
Norfolk, Virginia 23529-0045
FAX: (757) 683-6199
PH#: (757) 683-4337

Date of Request _____

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year ending _____.

EMPLOYEE NAME: _____

UNIVERSITY IDENTIFICATION NUMBER _____
