

W-2 Duplicate Request

Fax: (212) 857-7276

Mail: FISA-OPA

W-2 Adjustment Unit

450 West 33rd Street, 4th Floor

New York, NY 10001-2633

EMPLOYEE SECTION					
EMPLOYEE IDENTIFICATION	First		M.I. Last		
	Social Security N	lumber			
	Check here if this is an agency address				
MAILING ADDRESS (Address to which tax documents will be mailed)	Agency Name (For Request From Agency	/)		
	Street Address				
	Street Address Continuation				
	City		State	ZIP Code	
TAX YEAR (S) REQUESTED	Enter the year(s) of your request (YYYY):				
	Year	Year Year	Year	Year Year	
		W-2	1127 Statement		
PARTY AUTHORIZING RELEASE OF RECORDS	Employee	Agency	Other Aut	horized Person	
	Daytime Telephone		Name of Other Authorized Person		
	Email Address		Relationship	to Employee	
	Signature				

If this form is signed by agency or other authorized person, please provide proof you are authorized to make this request (e.g., a valid power of attorney, a notarized statement from the employee, letters of administration from an estate administrator or letters testamentary from an executor or guardian).

NOTARY ACKNOWLEDGMENT						
Signature						
This Form Must be Acknowledged Before a Notary Public or Commissioner of Deeds.						
State of	·					
)s:	s.:					
County of						
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(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), 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 instrument and acknowledged that the statements contained therein are true. If you have an official seal, affix it here:						
Signature of Notary Public or Commissioner of Deeds						
My Commission Expires:						
		·				
FOR FISA-OPA USE ONLY						
Prepared By:	Signature:	Date:				
Reviewed By:	Signature:	Date:				
Items Mailed:	Initials:	Date:				