

W-2 or 1042S DUPLICATE REQUEST FORM
UNIVERSITY PAYROLL SERVICES

I am requesting a duplicate for: W2 1042S Both

TAX YEAR: _____

NAME: _____ UFID: _____

ADDRESS: _____

CITY: _____ ST: _____ Zip: _____

Duplicate will be mailed to the address above

Mail Form To: University Payroll Services
 PO Box 113201
 1250 East Campus Office Building
 Gainesville, FL 32611-3201

Or E-mail To: payroll-services@ufl.edu

Or FAX To: (352) 846-0166

For University Payroll Services Use Only

ORDERED _____ RECEIVED _____ INITIALS _____