

**REQUEST FOR IRS FORM W-2**  
**CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION**  
**(562) 985-8486 or (562) 985-8487**

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**MAIL TO:** CSULB Research Foundation  
Attn: Payroll Department  
6300 E State University Drive, Suite 332  
Long Beach, CA 90815

\_\_\_\_\_ Date of Request

**PLEASE PRINT**

I request the reissue of my **W-2 Form(s)** for the tax year(s) ending

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Mobile Phone: \_\_\_\_\_

Work Phone (campus extension): \_\_\_\_\_

Email Address: \_\_\_\_\_

The **W-2 Form** is requested for the following reason:

Never Received (If mailing address has changed, attach a Change of Address Form)

Misplaced or Destroyed

Social Security Number Incorrect

Name Incorrect (Include a copy of your Social Security Card)

Other (please explain) \_\_\_\_\_

There is a \$5.00 fee per year for duplicate copies of the **W-2 Form**. Please check one of the following:

Charge credit card: (select one)      Visa      Mastercard      American Express

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Payment is enclosed

Pick up from Payroll in Foundation Ste. 332 (Pay Foundation Cashier in Brotman Hall; Mon-Fri 9 to 12)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**NOTE:** Duplicate Form W-2 will be ready for pick-up/mailing within 5 business days.

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**FOR PAYROLL DEPARTMENT USE ONLY**

Date request received: \_\_\_\_\_ Processed by: \_\_\_\_\_ Account# 580090 Fund/Dept# GF100-70300

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