

**REQUEST FOR DUPLICATE  
WAGE AND TAX STATEMENT  
(FORM W-2) FOR YEAR \_\_\_\_\_**

*This Is Not A Tax Return*

**Employer By Whom Paid**

NYC Health + Hospitals  
1400 Pelham Parkway South  
Building 4, 11<sup>th</sup> floor  
Bronx, NY 10461

H+H Facility Making Request: \_\_\_\_\_

Facility Batch Control #: \_\_\_\_\_



**EMPLOYEE TO WHOM PAID**

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

Social Security#: \_\_\_\_\_

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

Pay Station (Dist): \_\_\_\_\_

Active Emp. \_\_\_ or Inactive Emp. \_\_\_

**REASON FOR REQUEST:**

\_\_\_\_\_

Signature of Employee

Date Signed

Signature of W2 Liaison Date Signed