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, 11th 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**