



REPRINT REQUEST for W-2

Please reissue a WAGE AND TAX STATEMENT (form W-2) for the year ending (check boxes below to select year):

<input type="checkbox"/> 1997	<input type="checkbox"/> 1998	<input type="checkbox"/> 1999	<input type="checkbox"/> 2000	<input type="checkbox"/> 2001
<input type="checkbox"/> 2002	<input type="checkbox"/> 2003	<input type="checkbox"/> 2004	<input type="checkbox"/> 2005	<input type="checkbox"/> 2006
<input type="checkbox"/> 2007	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	

REPRINTED ON MONDAYS ONLY

Payroll Department

Central Financial Services

Mail code AD225

Mailing address:
2525 SW 1st AVE Ste 201
Portland, OR 97201-4762

tel 503 494-8103
fax 503 346-6839

e-mail:
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Website:
www.ohsu.edu/xd/about/services/financial-services/

Mary Justice
Sr. Manager, Central
Disbursements
justicem@ohsu.edu

MAIL FAX E-MAIL HOLD for Pickup

Mailing address, Fax number, Campus Mail and/or E-Mail address destination

_____ FAX number _____ Home Phone Number _____ Work Phone Number

Please change my address and phone to the information listed above.

A reprint of IRS form W-2 is requested for the following reason:

- Never received Misplaced or Destroyed
- Name or Social Security Number incorrect
- Other (explain) _____

There is a reprint fee of \$15 for EACH.

Payment is by cash, check or deduction off your next paycheck. [check one]

- My payment will follow by mail.
- I, the undersigned, give permission for OHSU to deduct \$_____ dollars from my next paycheck to pay the reprint fee.

_____ Employee Name (Please Print) _____ Social Security #

_____ Employee Signature _____ Date

Requested Int/Date	Reissued Int/Date