

# **REQUEST FOR COPY OF W2 and/or 1042S**

### **Overview:**

This form is used to request a copy of a previously issued W2 and/or 1042S. It cannot be used to change anything on the original document other than the address.

Reissued documents will only be mailed to the address on the request. They cannot be sent electronically. The process can take between 10 - 14 business days.

### **Process:**

- 1.) Complete the Reissue form in its entirety.
- 2.) A clear copy of a government issued picture ID is required.
- 3.) Sign and date the form.
- 4.) Submit.

#### CURRENT EMPLOYEES (umd.edu email)

A case in Service Now must be created to submit the form and ID.
Go to Open a Case with Finance.

#### **FORMER EMPLOYEES**

o Email form and ID to <a href="mailto:payrollservices@umd.edu">payrollservices@umd.edu</a>.

OFFICE OF THE CONTROLLER PAYROLL SERVICES 1101-L CHESAPEAKE BLDG COLLEGE PARK, MD 20742

Open a Case with Finance

**Date Mailed/Requested from CPB** 

# W-2/1042S REISSUE REQUEST FORM

An asterisk (\*) denotes a required field

**Verified By** 

Part I: Employee In	formation				
*Campus	UMCP	UN	IES	UMCES	UMSO
*Affiliation	Student	Fac	ulty	Staff	
*Curr	ent Employee/Stud	ent	*Former Employee/Student		
	А сору	of a governme	ent issued ID is requ	uired.	
*Department Where I	Last Employed				
*UID	*Last Four Digits of SSN			*Date of Birth	
*Employee Legal Nam	ie				
Last Name		First Name		M.I.	
*Current Street Addres	SS .				
*City		*State		*Zip Code	
If State is "OC," Please	e Specify				
*Email Address					
Temaii Address					
Part II: Tax Docume	ent Information				
*Tax Document Type		ORIGINAL		CORRECTED	
		W-2	1042S	W-2	<b>1042S</b>
*Year(s) To Be Reissue	ed				
*Reason For Reissue	Lost	Destroyed	Never Received	Other (sp	ecify below)
If "Other," Please Spec	cify				
Part III: Authorized	l Signature	<u> </u>			
I hereby attest that the above information is correct.					
*Employee Signature	*Date				
		_			
For Payroll Use On	lv				

Date