

W-2 REPRINT REQUEST

DATE OF REQUEST

SAP # :

EMPLOYEE'S NAME:

SSN:

COMPLETE ADDRESS:

(city, state, zip)

All active employees must pick up at HR-Central Building 4C or have W-2 reprint sent to your slot #. If specifics are not indicated W-2s will be sent to your slot #

YEAR TO BE REPRINTED:

REASON FOR REPRINT:

(lost, moved, did not receive)

MAIL TO HOME ADDRESS: IF TERM'D

YES

NO

PICK UP AT OHR:

(circle one)

YES

NO

SEND TO UAMS SLOT # (enter slot #)

PERSON COMPLETING FORM:

FAX #:

501-686-5386

DATE W-2 REPRINTED:

Remember to enroll in online W-2 access in mid-November to have access to your W-2s year round.