



REQUEST FOR IRS FORM W-2

Please reissue a Wage and Tax Statement (Form W-2) on the following employee for the tax year ending _____.

EMPLOYEE NAME:

SOCIAL SECURITY NUMBER:

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address

City/State/Zip Code

CONTACT PHONE NUMBER:

The Form W-2 is requested for the following reason:

Never Received

Misplaced or destroyed

Social Security Number or Name Incorrect

Other (Please Explain)

PLEASE

WHEN THE REISSUED W-2 IS READY.

Employee's Signature

Please mail or fax this completed document for processing.

MUSC (University Payroll Services)
19 Hagood Ave. – Suite 702
PO Box 250811
Charleston, SC 29425-0811

Phone Number (843) 792-2191
Fax Number: (843) 792-6157