



REQUEST FOR DUPLICATE W-2 FORM

Name: _____ SSN [Last 4 Digits]: _____

Title: _____ Department: _____

Telephone: _____

E-mail address: _____

Year W-2 requested for: _____

Delivery Instructions

- E-Mail (via password protection)
- Mail
- Hold for Pick Up

Signature: _____ Date: _____

Please submit this form to the Human Resources Office at Baruch College – CUNY,
One Bernard Baruch Way, Box D-0202, New York, 10010, or email
Human.Resources@baruch.cuny.edu.

Telephone requests will not be accepted. Processing this request will take four to seven business days upon receipt.

Please note: persons employed at more than one CUNY College will receive only one W-2 form, which will combine all tax-levy incomes.

