

**REQUEST FOR DUPLICATE
WAGE AND *TAX* STATEMENT
(FORM W-2) FOR YEAR _**

This Is Not A Tax Return

Employer By Whom Paid

NYC Health + Hospitals
1400 Pelham Parkway South
Building 4, 11th floor
Bronx, NY 10461

H+H Facility Making Request:

Facility Batch Control #:

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EMPLOYEE TO WHOM PAID

Name of Employee:

Social Security#:

Address:

Pay Station(Dist:):

Active Emp. ___ or InactiveEmp. ___

REASON FOR REQUEST:

Signature of Employee

Date Signed

Signature of W2 Liaison Date Signed