

REPLACEMENT W-2 REQUEST

DATE: _____

NAME: _____

SS # : _____

I am requesting a duplicate W-2 for the year of _____ from Orange County Community College Payroll Office.

PRINT NAME

SIGNATURE

****PLEASE RETURN BY MAIL OR FAX****

MAIL	FAX
ORANGE COUNTY COMMUNITY COLLEGE 115 SOUTH STREET MIDDLETOWN, NEW YORK 10940 ATTENTION: PAYROLL DEPARTMENT	845-341-4670