

**LONG BEACH COMMUNITY COLLEGE**  
**LBCC PAYROLL - G2**  
4901 East Carson Street  
Long Beach, CA 90808  
Telephone (562) 938-4924  
Fax (562) 938-4959

**DUPLICATE W-2 REQUEST FORM**

*NOTE: Please type or print*

Year(s) Requested: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Last First Initial  
Employee ID#

Social Security # \_\_\_\_\_

**Current Mailing Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Disposition of Duplicate W-2: ( Choose One )**

Mail To The Above Address  Hold In Payroll For Pick Up

Phone: (        ) \_\_\_\_\_ Fax to: (        ) \_\_\_\_\_

**The Duplicate Form W-2 Is Requested For The Following Reason: ( Check One )**

Never Received  Misplaced or Destroyed

Social Security # or Name is Incorrect

Other (explain) \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee *(Must be an original or faxed signature)* Date

**NOTE:** Processing of duplicate W-2s may take several days. Do not make your request on the day that you need it. Last minute requests may not be available by your timeline!

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***For Payroll Department Use Only***

Employee ID: \_\_\_\_\_

Duplicate W-2 issued on: \_\_\_\_\_ Processed by: \_\_\_\_\_