Louisiana State University
Office of Accounting Services
Payroll
204 Thomas Boyd Hall

REQUEST FOR DUPLICATE TAX INFORMATION FORMS AS387

Name (Last, First, MI)		
LSU ID	Phone	
Type of Employee	☐ Academic (9 mos) ☐ Salary / Academic / GA (12 mos) ☐ Wage / Contingent ☐ Student ☐ Non-employee	
Desired Tax Document ☐ W-2 * ☐ W-2C ☐ 1042-S ☐ 1099-MISC		Tax Year

** There is a $10 fee for each duplicate W-2 requested*

Method of Distribution

☐ Department will pick up. Call _____ at _____ when ready.
Name *Ext*

☐ Mailing Address _____

_____

☐ Recipient will pick up. Call _____ at _____ when ready.
(Picture ID required) *Name* *Ext*

The Mailing Address listed above is *new* and my Payroll records should be updated. ☐ Yes ☐ No

Remarks / Special Instructions _____

_____

Fee Payment (if applicable)
☐ Cash ☐ Check
☐ Electronic Draft

_____ _____
Bank Routing # *Account #*

☐ Checking ☐ Savings

I hereby authorize LSU to initiate a debit entry in the amount of _____ to the account at the indicated financial institution, and I hereby authorize the indicated financial institution to accept and to post such entry to my account

_____ _____
Signature Date

FOR ACCOUNTING SERVICES USE ONLY

Disposition of Duplicate

☐ Form picked up by Dept representative, _____, on _____

☐ Form picked up by Recipient, _____, on _____

Recipient's Signature _____

☐ Form mailed by _____, Payroll representative, on _____

☐ Original re-mailed by _____, Payroll representative, on _____