

TO: UH Payroll Office
1395 Lower Campus Road, LC-1, #4
Honolulu, Hawaii 96822

FROM: _____

SUBJECT: **Request for duplicate W-2 form**

Name: _____
Social Security No: _____
Payroll No.: _____
Distribution Code: _____
Year(s): _____
Reason for request: _____
Phone number: _____

Cash/check/money order payment of \$10, made payable to **Director of Finance, State of Hawaii**, is included with this request. (do not send cash through mail)

Signature

Date

RETURN THIS FORM TO THE PAYROLL OFFICE