

**REQUEST A COPY OF FORM W-2
OR FORM 1042S**

Please use this form to request a replacement for a lost Form W-2 or Form 1042S. Do not use this form to request corrections to these forms. Copies of the forms will be created within 3 business days of receipt of this Request Form by the University Payroll Office.* This form and fee payment may be sent to the University Payroll Office, University of Michigan, 3003 S. State St #G395, Ann Arbor, MI 48109-1279. Forms not requiring fee payment may be faxed to (734) 647-3983.

*** W-2 reprint requests for 2018 will not be accepted until February 11, 2019**

Requests sent before this date will not be honored.

NAME: _____ Print Last, First	EMPLID: _____
Social Security Number: _____	
Form Requested (check one): <input type="checkbox"/> Form W-2 <input type="checkbox"/> Form 1042S	
Calendar Year for which form is requested: _____	

Fee for copy of Form W-2 or Form 1042S:

_____ \$0.00 For Form W-2 or Form 1042S for tax year 2018.

_____ \$5.00 For each Form W-2 or Forms 1042S for tax years prior to 2018.

Fee payment must accompany this Request Form when sent to the Payroll Office.

Please make check or money order payable to “University of Michigan”. No Cash accepted.

Correct home address information:

- If your original Form W-2 or Form 1042S had an incorrect address, please update your home address information in the HRMS M-Pathways database.
 - If you are currently employed at the University of Michigan, please update your home address information via the web using Wolverine Access. Go to [Wolverine Access](#), select “Faculty & Staff - Employee Self-Service”, enter your unique name and kerberos password, and select the “Addresses” option.
 - You may also email corrected home address information to address.change@umich.edu (for employees) or biodemo.update@umich.edu (for students.)

Distribution of copy of Form W-2 or Form 1042S: (Please check one of the options below.)

_____ I will pick up the copy at University Payroll Office after three business days*

_____ Mail copy to: _____

Signature _____

Date: _____