



LOUISIANA STATE UNIVERSITY

REQUEST FOR DUPLICATE TAX INFORMATION FORMS

AS387

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

* 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 _____