|  |
| --- |
| **OFFICE OF STATE UNIFORM PAYROLL** |
|  |
| **REQUEST FOR DUPLICATE IRS TAX FORM** |
|  |
|  |
| **To be Completed by Employee** |
|  |
| Date:  |       |  |
|  |
| **Indicate Form Being Requested and Year** |
|  |      | W-2 |      | 1099 |      | 1095-C |  |  |
|  | Year |  | Year |  | Year |  |  |  |
| Reason for request: |
|  |  |  |  |  |  |  |
|  | [ ]  | Lost | [ ]  | Never Received |  |
|  |  |  |  |  |  |  |
|  | [ ]  | Other (explain) |       |
|  |  |  |  |  |
|  |  |  |  |  |
| Name |       |       |       | Social Security No |       |
|  | (Last) | (First) | (MI) |  |  |
|  |  |  |  |  |
| **Current Mailing Address:**  |       |
|  |  |  |  |
| Requested by |  |  Personnel No. |       |
|  | (Signature of Employee) |  |
|  |  |  |
|  |  |  |
| **To be Completed by Agency Employee Administration (N/A for 1095-C for Retirees & Other Covered Individuals)** |
|  |  |  |
| Personnel Area:  |       |  |  |
|  |  |  |
| Agency Contact: |       | Telephone: |       |
|  | (Name) |  |  |
|  |  |  |
|  |  |  |
| **Has mailing address been updated in LaGov HCM (if applicable)?** **[ ]  Yes** **[ ]  No** | Date: |        |
| **Employee unable to request duplicate Form W-2 through LEO?** **[ ]  Yes** **[ ]  No** | **Why?** | **(Indicate below)** |
| Remarks/special instructions: |       |
|  |  |  |
|       |
|  |  |  |
|       |
|  |  |  |
|  |  |  |
| **To be Completed by OSUP** |
|  |  |  |
| Disposition of duplicate |  |  |
|  |  |  |
|  | Received | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | by |  |
|  |  |  |  |  |
|  | Printed | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | by |  |
|  |  |  |  |  |
|  | Mailed | \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | by |  |

Fax form to 225-342-1650