

**OFFICE OF STATE UNIFORM PAYROLL**  
**REQUEST FOR DUPLICATE TAX FORM**

**Indicate Form Being Requested and Year**

\_\_\_\_\_ W-2                      \_\_\_\_\_ W-2c                      \_\_\_\_\_ 1099  
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**

Personnel Area: \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Name)

Has mailing address been updated in LaGov HCM (if applicable)?  Yes  No      Date: \_\_\_\_\_

Employee unable to request duplicate through LEO?  Yes  No      Why? (Indicate below)

Remarks/special instructions: \_\_\_\_\_

**To be Completed by OSUP**

Disposition of duplicate

Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ by \_\_\_\_\_

Printed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ by \_\_\_\_\_

Mailed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ by \_\_\_\_\_