

# Tax Form(s) Reprint Request Form

## Important Information:

- Requests made after **April 15** or for a **prior year** will incur **\$6.00 processing fee** for each year requested.
- A valid **photo ID** must be attached to process this request.
- Completed forms can be emailed to payroll@nova.edu, faxed to (954) 262-3997, or mailed to:
  - Nova Southeastern University ATTN: Payroll Department 3300 S. University Drive Fort Lauderdale, FL 33328-2004

## Employee Information:

Employee Name: \_\_\_\_\_ NSU ID: \_\_\_\_\_

Tax Year(s) Requested: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Tax Form(s) Requested:

W-2

1042-S

499-R

## Mailing Address:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Reason for Request:

Lost/Misplaced/Destroyed

Never Received

Terminated - Lost Online Access

## Payment Method:

Check mailed to address above

Money Order mailed to address above

Debit/credit card via [online website](#)\*

## Employee Authorization:

I certify that the above information is accurate, and I authorize the reprint of my W-2 form(s) as requested.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Department Use Only:

Request Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Mailed: \_\_\_\_\_