

BUREAU OF COMMONWEALTH PAYROLL OPERATIONS REQUEST FOR DUPLICATE W-2

(Rev 1/2021)

*** TO BE COMPLETED BY REQUESTOR ***

Employee Name (First, MI, Last)	<input type="text"/>	Personnel No.	<input type="text"/>
Mail Address (Street or PO Box)	<input type="text"/>	Personnel Area	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Tax Year(s) Requested	<input type="text"/>		

Delivery Information

Delivery Method	<input type="text"/>	Contact Name	<input type="text"/>
UPS Charge Acct No.	<input type="text"/>	Billing Zip Code	<input type="text"/>
		Contact Phone Number	<input type="text"/>

Mailing Address (If different than above)

Street or PO Box	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
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Requestor Information

Requestor Name	<input type="text"/>	Date Completed	<input type="text"/>
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*****Please ensure all information is completed to avoid any delays in processing your request.*****
Allow 1 week for request to be processed.
All prior year requests are done on a daily basis from 2/1 through 4/15.
Make certain employee has been employed for the year(s) requested.

[CLICK HERE TO SUBMIT
FORM TO BCPO](#)