



(617) 927-8143 – Ludmila
(617) 927-8038 - Lilia
(617) 585-9039 – Direct fax

Request for Duplicate W-2

- The W-2 will be mailed out within a week of receipt of this request
- E-mails are not sufficient for requesting duplicate form W-2. We require a signature be on file.

Date of request _____/_____/_____ Branch _____

Employee/Former Employee (Please circle one and print)

Name: _____ Social Security # _____

Mailing Address: _____

Phone Number: _____

W-2 for Year _____ (Only the most recent 4 years are available)

The form W-2 is requested for the following reason: (please check one)

Never Received

Misplaced / Destroyed

Other (Explain) _____

Distribution Form:

Mail

Picked up in Payroll Office

I hereby authorize YMCA of Greater Boston to release a copy of my W-2 form to the mailing address indicated above.

_____/_____/_____
(Employee/Former Employee's Signature Required) (Date)

For Payroll Use Only:

Received _____ Mailed Out _____ Not Found for year requested _____ W-2C Needed _____

Processed by _____ Date Processed: _____