

REQUEST TO REISSUE W-2

Name: _____ Concordia ID#: _____

Telephone Number: _____ Email: _____

Tax Year: _____

Please mail the reissued W-2 to the following address:

I agree to pay the \$25.00 processing fee and understand that it must be paid prior to Payroll reissuing my W-2. Fee is applicable per W-2 request.

I understand it may take 5-7 working days to process a W-2 request for the current tax year. Prior years may require more time.

Signature: _____ Date: _____

Please submit completed form, along with \$25, to the Payroll Department, Lorentzsen Hall, Office 150.

- *Please make checks payable to Concordia College.*

Mailing Address: Concordia College
901 8th St S
Moorhead, MN 56562

HR/PR Use Only:

- Payment Received
 Check # _____
 Date Received _____