



State Reprint Request Form

W-2, 1042-S & Fellowship Payments

Form Requested: ☐ **W-2** ☐ **1042-S** ☐ **Fellowship Payment Reporting Memo**

Please send a copy of my _____ above requested form to:
(Year)

Name: (please print) _____

Address: _____

City: _____

State: _____

Zip code: _____

Phone Number: (____) _____ - _____ Email Address: _____

Last 4 digits of Social Security #: _____

--	--	--	--

Person Number

				-				
--	--	--	--	---	--	--	--	--

- ☐ Please mail my form (We will send forms through US mail **only**)
- ☐ I will pick up my form in person. Call me at the number listed above when it is completed

X _____ Date: _____
(Signature)

Please return this form to:

Human Resources
Townsend Hall
205 Hayes Road
Buffalo, NY 14214

Fax: (716) 645-2605

Questions may be directed to Customer Service at (716) 645-7777

Rev 2/2016