



**Abilene Christian University Payroll Office**  
**ACU Box 29115**  
**W-2 Change of Address and Request Form**

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Please provide the following information:

Banner ID or SSN: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Last) (First) (M.I.)

**Home/Mailing Address**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am requesting my duplicate W-2 Form(s) be:

Send to the address listed above \_\_\_\_\_

Picked up in Human Resources (Adm Bldg 213) \_\_\_\_\_

Please provide the year for which you want the duplicate W-2: \_\_\_\_\_

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**\*\*The processing of duplicate W-2 form requests for the previous year will begin the third week of February. Requests will be processed within five business days of being received in Human Resources.**

All requests for duplicate W-2s must include your signature and a valid photo ID.

Signature: \_\_\_\_\_

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

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**For office use only**

Human Resources

Payroll

Address change forwarded to Advancement: \_\_\_\_\_

Request Fulfilled: \_\_\_\_\_

Banner Web Explained: \_\_\_\_\_

Initial and Date: \_\_\_\_\_