



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

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: _____

**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: _____

For office use only

Human Resources

Payroll

Address change forwarded to Advancement: _____

Request Fulfilled: _____

Banner Web Explained: _____

Initial and Date: _____