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| **OFFICE OF STATE UNIFORM PAYROLL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **REQUEST FOR DUPLICATE IRS TAX FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **To be Completed by Employee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Indicate Form Being Requested and Year** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | W-2 | | | | |  | | | | | | | | 1099 | | | |  | | | | | | 1095-C | | |  | | | | | | |  | |
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| Reason for request: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | |  | | Lost | | | | | |  | | | | | | Never Received | | | | | | | | | | | | | | |  | | | | | |
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| Name | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | Social Security No | | | | | | |  | | | |
|  | | | | (Last) | | | | | | | | | | (First) | | | | | | | | | (MI) | | | | |  | | | | |  | | | | | |
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| **Current Mailing Address:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Requested by | | | | |  | | | | | | | | | | | | | | | | | | Personnel No. | | | | | | | | | | | |  | | | |
|  | | | | | (Signature of Employee) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **To be Completed by Agency Employee Administration (N/A for 1095-C for Retirees & Other Covered Individuals)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Personnel Area: | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |
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| Agency Contact: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Telephone: | |  | | | | | | | | |
|  | | | | | | | (Name) | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
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| **Has mailing address been updated in LaGov HCM (if applicable)?**  **Yes**  **No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | |  | |
| **Employee unable to request duplicate Form W-2 through LEO?**  **Yes**  **No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Why?** | | | | **(Indicate below)** | | |
| Remarks/special instructions: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **To be Completed by OSUP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Disposition of duplicate | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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Fax form to 225-342-1650