



Payroll Office
Elizabethtown College

REQUEST TO REISSUE W-2/1095-C

Please reissue the following form(s) for the following employee, for the tax year ending _____.

___ Form W-2, Wage & Tax Statement

___ Form 1095-C, Employer Provided Health Insurance Offer
* Coverage

Please complete the following:

Employee Name: _____

Social Security # _____

Send to:

Campus Box #: _____ OR

Address: _____

I will pick up (please allow 2 weeks)

Signature: _____ Date: _____

Call me when ready at: _____

For Payroll Dept. Use Only

Processed by: _____ Date: _____

Signed: _____

Reissued _____ Date: _____