

MAIL TO: University of Minnesota
Payroll Services
Donhowe _____ Date of Request
319 15th Ave SE, Room B20
Minneapolis, MN 55454
Phone: (612) 624-8647
Fax No: (612) 626-1053

REQUEST FOR DUPLICATE
FORM 1042-S

Please reissue a Form 1042-S (Foreign Person's U.S. Source Income Subject to Withholding Form) for the following requester, for the tax year ending _____.

REQUESTER'S NAME: _____

SOCIAL SECURITY NO or ITIN: _____

UNIVERSITY ID (if available): _____

REQUESTER'S CURRENT ADDRESS:

Street Address _____

City _____ State _____ Zip code _____

Phone numbers: Work _____ Home _____

Employee E-mail Address: _____

The Form 1042-S is requested for the following reason:

- _____ Never Received
- _____ Misplaced or Destroyed
- _____ Other (Explain) _____

Requester's Signature: _____

Please check one of the following:

- _____ Please Mail my Form 1042-S to the above address
(Forms will be mailed within 2 workdays of receipt of request)
- _____ I will Pick-up my Form 1042-S
(Payroll Services will call when the Form 1042-S is ready to be picked up)

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FOR HRMS/PAYROLL DEPT. USE ONLY:

Date request received: _____ Original 1042-S remailed: _____

Processed by: _____ Duplicate 1042-S reissued: _____