

MAIL TO: University of Minnesota  
Payroll Services  
1300 South 2<sup>nd</sup> Street, Suite 545  
Minneapolis, MN 55454  
Phone: (612) 624-8647  
Fax No: (612) 625-2979

\_\_\_\_\_  
Date of Request

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: \_\_\_\_\_