



OLD DOMINION UNIVERSITY

Research Foundation

TAX FORM REQUEST

EMPLOYEE NAME: _____

UIN / RF ID: _____

CURRENT MAILING ADDRESS: _____

CHECK WHICH FORM YOU
ARE REQUESTING:

W2

1042-S

1099

YEAR YOU ARE REQUESTING: _____

SIGNATURE: _____

DATE REQUESTED: _____

REASON FOR REQUEST: _____

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- PLEASE ALLOW ONE BUSINESS DAY TO ISSUE A COPY FOR YOUR TAX FORM.
- YOU MAY EMAIL THIS FORM TO RFpayroll@odu.edu OR FAX THIS FORM TO 757-683-5290.

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