

Request for Duplicate Form 1042-S



Office of Human Resources

UNIVERSITY OF MINNESOTA

Driven to Discover®

Mail to:

University of Minnesota
Payroll Services
Donhowe Building
319 15th Avenue SE
Minneapolis, MN 55454
Phone: 612-624-8647
Fax: 612-626-1053

Date of Request

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

University ID (if available)

REQUESTER'S CONTACT INFORMATION

Street Address

City State Zip Code

Phone Numbers: Work Home

Employee Email Address

Form 1042-S is requested for the following reason:

Never Received Misplaced or Destroyed Other (Explain) _____

Requester's Signature

Check one of the following:

Please **email** my form to the email address above. I understand that sensitive information is on the form.

(Form will be emailed within 2 business days of request.)

Please **mail** my form to the mailing address above. *(Form will be mailed within 7 business days of request.)*

FOR HRMS/PAYROLL DEPT. USE ONLY

Date request received: _____