

# PEPPERDINE UNIVERSITY

## 1042-S REQUEST

### Employee Information

I (Last, First, MI) \_\_\_\_\_ Campus-Wide ID \_\_\_\_\_

would like to request a copy of my 1042-S from the year of \_\_\_\_\_.

Please mail to Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please fax to \_\_\_\_\_

Please call for pickup \_\_\_\_\_

Thank you.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### Employee Instructions

When completed, please send this form to the Payroll Office – Mail code 4636, or fax to (310) 506-6178.

We will respond to your request within 48 hours.

If you have any questions, please call (310) 506-4429, (310) 506-6058, or (310) 506-4636