

Replacement Tax Form Request

NAME: _____

Bates ID: _____

Tax Form: _____

Tax Year: _____

Pick Up at 215 College Street or mail?

Pick Up:

Mail:

Mailing Address:

SIGNATURE: _____ **DATE:** _____

*Please email completed form to payroll@bates.edu or
Mail to Bates Payroll at 215 College St. Lewiston, ME 04240*