



**DEPARTMENT OF VETERANS AFFAIRS
MEDICAL CENTER
385 TREMONT AVENUE
EAST ORANGE, NJ 07018**

W2 ADDRESS VERIFICATION FORM

Name: _____

Street/PO Box _____

2nd Address _____

City _____

State _____

Zip Code _____

I certify that the above is my current address for W2 mailing purposes, and that I will immediately notify Fiscal Service of any changes.

Signature

Date