



REQUEST FOR W-2 REISSUE

PLEASE NOTE THAT THERE IS A \$5.00 FEE FOR EACH DUPLICATE W-2 REQUESTED.

DIRECTIONS:

- 1. COMPLETE THIS FORM**
- 2. PRINT IT OUT**
- 3. SIGN WHERE INDICATED**
- 4. SEND TO THE EMPLOYER GROUP WITH A CHECK IN THE APPROPRIATE AMOUNT (\$5 for each W-2 requested)**

REQUEST DATE:

EMPLOYEE NAME:

SOCIAL SECURITY NUMBER: - -

MAILING ADDRESS:

PHONE NUMBER:

CITY: STATE: ZIP:

YEAR REQUESTED: 2006 2007 2008 (available after February 15, 2009)

This form W-2 is requested for the following reason:

- Never Received
- Misplaced or Destroyed
- Social Security Number or Name Incorrect (You will be issued a W-2c that will need to be filed with your W-2)
- Other

Employee Signature

Date

For The Employer Group Use Only:

Received on: _____ By: _____

W-2 Sent: _____