

## REQUEST OF DUPLICATE W-2 FORM

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

EIN# \_\_\_\_\_

REQUESTED TAX YEAR(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(You may request up to 3 W-2s at one time; for more than 3 W-2s, you must have a request from a Legal Representative or a Court Order.)

### **Delivery Method** (select one option below and provide necessary information):

Pick up Phone # \_\_\_\_\_

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Mail Address: \_\_\_\_\_

\_\_\_\_\_

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Email Email Address: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_