

W2 Reprint/Correction Request

(please use 1 form per employee)

Request Date: ___/___/___ Requestor: _____

Company #: _____ Company Name: _____

W2 Reprint

Employee # _____ Employee Name _____ SSN _____ - _____ - _____

Reason for Request: _____

Corrected W2

Employee # _____ Employee Name _____ SSN _____ - _____ - _____

Reason for Request: _____

Information to be changed: _____

Prior Year W2 Reprint

Employee # _____ Employee Name _____ SSN _____ - _____ - _____

Reason for Request: _____

All W2's will be sent directly to the requestor
Unless a pick-up is requested.

**You will be billed on your next payroll for any
charges unless other payment arrangements have
been made.**

For Internal Use Only

W2 Reprint _____
(\$15.00)

Corrected W2 _____
(\$15.00)

Prior Year W2 _____
(\$25.00)

Billing Date ___/___/___

Submit by: _____