



## W-2 REPRINT REQUEST FORM

Use this form to correct an employee's Social Security Number, misspelled name, or to replace a W-2 that was lost.

DO NOT USE THIS FORM AFTER FEBRUARY 28 FOR A NAME OR SSN CHANGE. Form W-2C is required after that date.

Company Name: \_\_\_\_\_ Company #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Employee's Correct Name: \_\_\_\_\_

Employee's Name on W-2: \_\_\_\_\_

Correct SSN: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Tax Year Needed: \_\_\_\_\_

SSN on W2: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Employee #: \_\_\_\_\_

**Information to correct on the W2:**

\_\_\_\_\_  
\_\_\_\_\_

**W-2 reprints will be sent to the employer for distribution to the employee.** Please check one of the following delivery methods:

U. S. Mail       FedEx 2-day       FedEx Overnight       Local Courier

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

I understand the fee for a W-2 reprint is \$25.00, plus delivery charges, and will be debited from our company account on file. The IRS does not require a reprinted W-2 to be on an official W-2 form. A reprinted W-2 will be stamped with the words "REISSUED STATEMENT".

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX THIS COMPLETED AND SIGNED FORM TO 770-395-6617.**

PDI Use Only:	
Reprint Date: _____	Delivery Date: _____
Billing Date: _____	Billing Amount: _____