



REPRINT OF W-2'S

Company # _____ Company Name _____

Date _____ Contact _____

W-2's Requiring Reprint

Employee #

Employee Name

I understand that the reprint of the above W-2's will be billed to our company for **\$25.00** per W-2 plus delivery charges. Reprinted W-2's will be stamped with the words "REISSUED STATEMENT" and the IRS does not require the reprint to be on the IRS official Form W-2.

All reprints will be sent to the employer for distribution to the employee. Please Check one of the following delivery methods:

___ Mail ___ Courier ___ FedEx

Authorized Signature _____ Date _____

Note: Use this form for reprints of the original W-2's only. If a reprint is required due to an adjustment payroll or change in social security number, complete the Year End Adjustment Processing Authorization form and return it to your CSR immediately via fax (770) 395-6617.

PDI Use Only:

Reprint Date: _____ Delivery Date: _____

Billing Date: _____ Billing Amount: _____