



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.

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