



**W2 REQUEST**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am requesting the following year(s) \_\_\_\_\_ for the following reason(s):

Lost

Tax Audit

Tax Amendment

Other: (Explain) \_\_\_\_\_

I understand that there is a \$5.00 processing fee (cash, cashier check, or money order) for each W2 requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please return this form and your fee to the Payroll Dept. Allow one (1) week for your request to be processed.*