

Reprint Fee - \$5.00

Company ID: _____

Company Name: _____

Street: _____

City, State, Zip: _____

Please issue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year ending _____.

Employee Name: _____

SSN: _____

Street: _____

City, State, Zip: _____

The FORM W-2 is requested for the following reason:

- Never Received
- Misplaced or Destroyed
- Incorrect Name or Social Security Number
- Other (Explain) _____

I authorize the fee for this service.

Authorized Signature

PRS Use only:

Date Requested: _____

Date Reissued: _____

Processor: _____