

Company: _____

DATE OF REQUEST: _____

Request for IRS Form W-2

PLEASE PRINT

Please issue a Wage and Tax Statement (Form W-2) for the following employee, for the tax year-ending 20____.

EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address _____

City _____ State _____ Zip Code _____

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

_____ Never Received

_____ Misplaced or Destroyed

_____ Social Security Number or Name Incorrect

_____ Other (Explain) _____

____ I authorize **\$10.00** be deducted from my next pay to receive this payroll service.

____ Enclosed is **\$10.00** for this payroll service. NO PERSONAL CHECKS

Signature of Employee

MAIL TO: Paymeister
P.O. Box 333
Flowery Branch, Ga. 30542

Or fax to: 770-967-9995 (Atlanta area) or 706-543-5831 (Athens area)

Please note: Faxes are accepted on ACTIVE employees only .

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For Office Use Only:

Date Request Received _____ Date Duplicate Issued _____

Processed by: _____ Method of Delivery: _____