

**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: \_\_\_\_\_