

W-2 REPRINT REQUEST

6425 Old Plank Road, Suite 111 High Point, NC 27265 [tel] 336-885-5056 [fax] 336-885-5080 www.PayrollSolutions.com

Reprint Fee - \$5.00	
Company ID:	
Company Name:	
Street:	
City, State, Zip:	
Please issue a WAGE AND TAX STATEMENT (Formation of the second of the se	m W-2) for the following employee, for the
Employee Name:	
SSN:	
Street:	
City, State, Zip:	
The FORM W-2 is requested for the following reasons	on:
☐ Never Received	
☐ Misplaced or Destroyed	
☐ Incorrect Name or Social Security Nur	mber
☐ Other (Explain)	
I authorize the fee for this service.	
	PRS Use only:
Authorized Signature	Date Requested:
	Date Reissued:
	Date Reissueu:

Processor: