

## W-2 Reprint Request

**Employee Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Steps to Complete:** 1) Fill Out each section below, 2) Sign Form, 3) Send Form to StaffScapes with cash, money order or check in the appropriate amount (\$25.00 per Reprint)

**Reason for Reprint:**     Incorrect Address     Lost or Destroyed     Soc Sec# or Name Incorrect\*    Other

\*If name or social security number incorrect, you may be issued a W-2c which will need to be filed with your W-2

**Requested Year to Reprint:**     2011     2012     2013     2014 (Available after February 16, 2015)

**Employee Address Information / Change:**

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Other Instructions:**

**Mail to Third Party:** Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Fax to:** Fax Number: \_\_\_\_\_ Attention: \_\_\_\_\_

I hereby request that StaffScapes, Inc., reprint and release a copy of my year-end W-2 form and forward to the address or fax as indicated above. I acknowledge that a \$25.00 fee is charged for each duplicate W-2 requested, and have enclosed with this signed request, monies in the appropriate amount.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_