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# PAYROLL DATA SERVICES

## Request Form for Duplicate or Replacement IRS Form W-2

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**MAIL TO:** Payroll Data Services, LLC  
1020 James Dr. Suite O  
Hartland, WI 53029

**FAX TO:** Payroll Data Services  
(262) 369-2404

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**Please reissue a Form W-2 WAGE and TAX STATEMENT for the following employee.**

Tax year: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

\_\_\_\_\_ Never Received

\_\_\_\_\_ Misplaced or destroyed

\_\_\_\_\_ SSN or name incorrect \_\_\_W-2C required\*

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ W-2C required\*

**I understand that Payroll Data Services will charge my company \$8.00 for the reprint of the form W-2. \*If a W-2C is required my company will be charged \$10 for each W-2C processed, plus any additional ancillary fees for amended tax form filings.**

Company Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please Note:***

You have the authority to charge the employee for the cost of the duplicate/replacement form W-2. However, you must have the employee sign an acknowledgement that they accept the charge.