

PAYROLL DATA SERVICES

Request Form for Duplicate or Replacement IRS Form W-2

MAIL TO: Payroll Data Services, LLC
5202 Eastpark Blvd, Suite 106
Madison, WI 53718

FAX TO: Payroll Data Services
(608) 249-5967

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.