

PAYROLL DATA SERVICES
Request Form for Reprint or Correction of IRS Form
W-2 / 1099

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

FAX TO: Payroll Data Services
(262) 369-2404
Attn. CSR: _____

For the following employee:

Tax Year: _____ Social Security Number: _____

Employee Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please issue a Replacement for Form:

W-2 Wage and Tax Statement
Statement 1099 Information Return

Please issue a W2 Correction Form:

W-2 Wage and Tax Statement
Statement 1099 Information Return

I understand that Payroll Data Services will charge my company:

\$15.00* for the reprint of each form

\$25.00* for each Correction form required due to a Social Security Number Change

\$50.00* for each Correction form required due to a Wage and/or Tax adjustment

**plus any additional ancillary fees for amended tax form filings*

Company Code: _____ Company Name: _____

Employer Signature: _____ Date: _____

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

Internal Use Only:

Date Received: _____ Date Completed: _____ Completed By: _____

Notes: _____