



Duplicate W-2 Request

Full Name

First Name: _____ Last Name: _____

Other Name (if applicable): _____ Suffix _____

Social Security No. _____ : Last 4 Digits only

Contact Information

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____ Country: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

W-2 Tax Year Requested

Year: 2018 Year: 2014
 2017 2013
 2016 2012
 2015

Receipt Method Requested

- Mail to above address
- E-mail to above address
- Fax to above address

Signature

(Electronic) Signature: _____

Date: _____

Printed Name: _____