

Duplicate W-2 Request Form



Please reissue a wage and tax statement (IRS Form W-2) for the following employee for the tax year ending _____.

Company Name:		Date:	
Employee Name:	Social Security Number:		
Address:			
City:	State:	Zip:	
Phone:	Email:		

This form W-2 is requested for the following reasons:

Never Received	Misplaced or Destroyed	Name or Social Security Number Incorrect
Other (Please explain)		

**There will be a \$25 charge for duplicate W-2's from previous tax years.
National PEO accepts cash, check, or credit/debit card.**

Employee's Signature: _____

Date: _____

Employee Print Name: _____

Title: _____