

W-2 REPRINT REQUEST FORM

Employee Information

Please fill out all information carefully and legibly. If form is not filled out completely, your request will not be processed.

Last Name: First Name:

Social Security Number: - - Phone #: - -

Current Mailing Address:

Email Address:

Fax #: - - Branch:

Tax Year

_____ 2007 2008 2009

Reason for Reprint

Incorrect Address Lost or Destroyed SS Number or Name Incorrect* Other

*If name or SSN is incorrect you may be issued a W-2c which will need to be filed with your W-2.

Delivery

Please indicate how you would like to receive your W-2 reprint. Corresponding information above will be used for delivery. Branch Mail Email Fax

Fee

There is a \$5.00 reprint charge payable by Money Order for requests to be processed. Please complete this form and mail to **Talócity Attn: W2 1110 Morse Rd, Lower Level Columbus, OH 43229.**

By signing below, I hereby request a reprint of my W-2 Form(s) for the tax year(s) requested and deliver to the destination indicated above. Additionally, I release any liability in regards to the inadvertent disclosure or interception of any data in response to this request. **NOTE: Please allow at least 10 business days to process this request**

Signature

Date

MUST BE COMPLETED BY OFFICE – OFFICE USE ONLY

W-2's needed: iforce Daily Services/Talócity

Branch: _____ Payment Received By: _____ Date: _____

Once payment has been received, send to Corporate in packet or e-scan with copy of Money Order to w2@talocity.com

****Allow 10 business days to be processed *******