



Duplicate W-2 Request Form

Please submit this form to your Payroll Specialist

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

Employee Name: _____ **Social:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Company Name: _____ **Date:** _____

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

- Never Received
- Misplaced or Destroyed
- Name or Social Security # Incorrect
- Other (Explain): _____

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

Employee Signature: _____ **Date:** _____

Employee Print Name: _____ **Date:** _____