

W2 REQUEST FORM

TAX YEAR REQUESTED: _____

Branch / Location in which you
were registered (I.E.-Las Vegas/NV)

SOCIAL SECURITY NUMBER ____ - ____ - _____

NAME: _____
(LAST) (FIRST) (MI)

MAILING ADDRESS: _____
(NUMBER) (STREET) (APT #)

(CITY) (STATE) (ZIP CODE)

HOME PHONE NUMBER: ____ - ____ - _____

WORK PHONE NUMBER: ____ - ____ - _____

(PLEASE NOTE: It takes approximately 10- 15 business days before your request will be processed. You will be notified if we are unable to accommodate your request for any reason. Please refrain from calling, as this will only slow down the process.)

I HEREBY AUTHORIZE _____ TO RELEASE A COPY OF MY
W-2 FORM TO THE MAILING ADDRESS INDICATED ABOVE.

(SIGNATURE)

(DATE)

Please leave your completed form with the nearest office or mail directly to:

P.O. Box 29048
Glendale, CA. 91209-9048
Attn: W2 Request Department

For Corporate Use Only

Request Received: _____

Action Taken:

W2 Mailed _____

W2 Not Found for year requested _____

W2C Needed _____

Processed by: _____ Date Processed: _____