



Request Form for Duplicate W-2

Please send the completed form to payroll@teamone.la

Employee Name	Last 4 of Social Security Number or EID
Address	Phone Number

-
- ☐ Requesting duplicate W-2 form for last year: _____
- ☐ Requesting duplicate W-2 form for these tax years : _____
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The W-2 is requested for the following reason:

- ☐ Never Received
- ☐ Misplaced or destroyed
- ☐ Incorrect Name or Social Security Number
- ☐ Other (explain) _____
-

Check one:

- ☐ I hereby authorize Team One Employment Specialists LLC to fax a duplicate W-2 form which contains my personal protected information to (_____ - _____ - _____)

- ☐ Please mail my W-2 to the following address:

Name: _____

Address: _____

Employee Signature

Date

FOR PAYROLL DEPARTMENT ONLY

Date Request Received:	Processed By: