



## W-2 REQUEST FORM

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
*Last First Middle*

Worksite Employer Name: \_\_\_\_\_

**If your address has changed and you need a duplicate W-2 to be sent, please provide your correct address below.**

Address Change: Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Send Duplicate W-2:**

- Fax: \_\_\_\_\_  Mail to the provided address above
- E-Mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Return this form to DecisionHR via USPS or fax to 866-674-2227\*\***