



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:

W2 Year Requested:

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

Employee Signature: _____ Date: _____

**** Return this form to DecisionHR:**

Mail: 11101 Roosevelt Blvd. N., St. Petersburg, FL 33716

Fax: 727-803-4036

Email: W2request@decisionhr.com