



W-2 REQUEST FORM

EMPLOYEE NAME: _____

SS#: _____

WORKSITE EMPLOYER NAME: _____

W2 YEAR REQUESTED: _____

*****ALL 2020 W2'S HAVE TO BE REQUESTED FROM THE SOLV GROUP. CONTACT YOUR HR REP**

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

Address Change:

Line 1: _____

Line 2: _____

City: _____ State: _____ Zip: _____ County: _____

HOW DO YOU WANT YOUR W2 SENT?

EMAIL: _____

MAIL TO THE PROVIDED ADDRESS ABOVE

FAX: _____

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