



W2 REQUEST FORM

TAX YEAR REQUESTED: _____
Worksite Employer

SOCIAL SECURITY NUMBER _____ - _____ - _____

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

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

(CITY) (STATE) (ZIP CODE)

HOME PHONE NUMBER: _____ - _____ - _____

EMAIL ADDRESS: _____

I HEREBY AUTHORIZE KYMBERLY GROUP PAYROLL SOLUTIONS, INC. TO RELEASE A COPY OF MY W-2 FORM TO THE MAILING ADDRESS INDICATED ABOVE.

(SIGNATURE) (DATE)

Please email completed form to info@kymberlygroup.com and we will reply to the same email with the duplicate W-2 attached.

(PLEASE NOTE: It takes approximately 5-10 business days before your request will be processed. You will be notified if we are unable to accommodate your request for any reason.)

<p><u>For Corporate Use Only</u></p> <p>Request Received: _____</p> <p>Action Taken:</p> <p>W2 Mailed _____</p> <p>W2 Not Found for year requested _____</p> <p>W2C Needed _____</p> <p>Processed by: _____ Date Processed: _____</p>
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