



## W-2 REISSUE REQUEST FORM

Please reissue a W-2 for the following employee for tax year \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If the address has changed)

Reason for the request \_\_\_\_\_

Delivery Method: Courier  Mail to Company  or Employee  Pickup

**A charge of \$2.99 per W-2 will be billed on your next invoice.**

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representatives Name \_\_\_\_\_  
(Please Print)

Authorized Representatives Signature \_\_\_\_\_

MILLENNIUM INTERNAL USE ONLY		
Company ID _____	EE#: _____	Reprint Date: _____
Delivery Method: _____	Delivery Date: _____	Billed Date: _____