



BROADSPIRE

Request for Duplicate Copy of Form W-2

Mail to: Broadspire
Client Accounting Dept.
P.O. Box 189148
Plantation, FL 33318-9148

Date of Request:

Attn: LATOYA
Fax Number. 954-452-4051

REQUEST FOR IRS FORM W-2 PLEASE PRINT

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year ending **200**__

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

EMPLOYER NAME: _____

The FORM W-2 is requested for the following reason:

- ____ Never Received
- ____ Misplaced or Destroyed
- ____ Social Security Number or Name Incorrect
- ____ Mailing Address Incorrect
- ____ Other (Explain) _____

EMPLOYEE SIGNATURE _____

FOR PAYROLL DEPT. USE ONLY:

Date request rec'd: _____ Original W-2 remailed: _____

Processed by: _____ Duplicate W-2 issued: _____