

W-2 Duplicate Request Form

Current Associate

I authorize that \$10 be deducted from my next pay as an administrative fee for this service.

Terminated or inactive Associate

Please provide last day worked _____ and include a \$10 money order (payable to CompuCom) with this completed form.

Completed forms can be returned to the Payroll department

Mail: CompuCom—Payroll, 8383 Dominion Parkway, Plano TX 75024

Fax: 972.856.5213 (only for current associates)

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee, for the tax year _____.

Date of Request	
Associate Name	
SSN	
Assoc ID	
Address	
City, State & Zip	
Telephone	
Email address	
Branch Name & Number	
Supervisor Name	

Reason for reprint

- Misplaced or Destroyed
- Never Received
- SSN or Name Incorrect
- Other (Explain) _____

Signature of (Former) Associate

Payroll Dept Use Only:

Date request rec'd _____

Processed by _____

Original W-2 Retailed _____

Duplicate W-2 Reissued _____