

F R E E M A N

REQUEST FOR RE-ISSUE OF FORM W-2

EMPLOYEE INFORMATION (REQUIRED)

Employee Name:

Social Security Number:

Employee ID:

Current Address:

City:

State:

Zip Code:

Phone: ()

Email:

PREVIOUS MAILING ADDRESS (REQUIRED)

Previous Address:

City:

State:

Zip Code:

EMPLOYEE SIGNATURE (REQUIRED)

Employee Signature: _____

DELIVERY METHOD (REQUIRED)

Mail to employee's current address above Mail to Branch Location

Email to employee's email address above **Email request will be password encrypted**

REQUEST FOR TAX YEAR(S) (REQUIRED)

2005 2006 2007 2008 2009 2010 2011 2012

**REASON FOR RE-ISSUE REQUEST ** (REQUIRED)

Never Received Address Change Misplaced/Destroyed Other

BRANCH INFORMATION

Requestor:

Request Date:

Branch Location:

City:

State:

Zip Code:

Please Be Advised

We have found that "some" personal email addresses are not working with our W-2 re-print software. In this case, the W-2 re-print will be mailed to your current address provided above. Please plan on a 72 hour BUSINESS DAY turnaround to complete this request, from the date WE receive the form at our corporate office. Please contact payroll directly at the following should you have any questions.

Payroll.help@freemanco.com or 469-484-3000.

IT'S A GREAT DAY AT FREEMAN!