



DUPLICATE W2 REQUEST FORM

To protect confidentiality, and your identity, Advantage Bookkeeping Professionals, Inc. has implemented the following procedure regarding requests for duplicate W2 Forms:

- 1) All requests for duplicate W2 Forms must be in writing, using the form below.
2) 'Duplicate' refers to the generation or reproduction of any W2 form beyond what was originally issued using the last known address of the employee, per IRS rules and regulations.
3) Our client, the employer, may submit this form on the employee's behalf. The employer must sign where required below.
4) Advantage reserves the right to charge a nominal fee for duplicate W2 requests.
5) Please allow 2 business days to process this request. This is in addition to the time for post office delivery, if mailed.
6) Under no circumstances will a W2 request be processed without proper identification and authorization.
7) Send this completed form to your account manager at Advantage Bookkeeping Professionals, Inc. This form can be faxed to: 630-416-0809.

Employee Name: _____ Company Name: _____

Employee SS#: _____ Reason for Request: _____

Distribution Method (choose one):

[] Mail form to Employee - Provide Address: _____

[] Release form to Employer for distribution NOTE: This method may require time for pick-up, delivery, or postal service.

Additional Instructions (if needed): _____

I hereby authorize Advantage Bookkeeping Professionals, Inc. to release this form as requested: (This form must be signed by either the requesting employee or the employer/client)

Employee: _____ Employer: _____

For Internal Use Only:

Date Received: _____ Date Processed: _____