



StaffScapes

A Human Resource Solution Center

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Suite 900
Westminster, CO 80234

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fax: 303.466.7947
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W-2 Reprint Request

Employee Name: _____ Social Security #: _____

Steps to Complete: 1) Fill Out each section below, 2) Sign Form, 3) Send Form to StaffScapes with a check in the appropriate amount (\$25.00 per Reprint)

Reason for Reprint: Incorrect Address Lost or Destroyed Soc Sec# or Name Incorrect* Other

*If name or social security number incorrect, you may be issued a W-2c which will need to be filed with your W-2

Requested Year to Reprint: 2008 2009 2010 (Available after February 18, 2011)

Employee Address Information / Change:

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Other Instructions:

Mail to Third Party: Address: _____

City: _____ State: _____ Zip Code: _____

Fax to: Fax Number: _____ Attention: _____

I hereby request that StaffScapes, Inc., reprint and release a copy of my year-end W-2 form and forward to the address or fax as indicated above. I acknowledge that a \$25.00 fee is charged for each duplicate W-2 requested, and have enclosed with this signed request, monies in the appropriate amount.

Employee Signature: _____ Date: _____