

# W-2 Reprint Request Form

Tax Year(s) Requested: \_\_\_\_\_ Date Requested: \_\_\_\_\_

## Employee's Information:

Full Legal Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Region: \_\_\_\_\_

State(s) worked in: \_\_\_\_\_

To be sent by:  E-mail  Regular Mail

E-mail(s): \_\_\_\_\_

New Address (only if address changed):

\_\_\_\_\_  
\_\_\_\_\_

## To be filled out by Pinnacle:

Information taken by: \_\_\_\_\_ Date: \_\_\_\_\_

\*If Employee is active and needs help to access W-2 online, send call to Bert.