



REQUEST FOR DUPLICATE IRS FORM W-2 _____
Year

Please issue a duplicate copy* of the WAGE AND TAX STATEMENT (Form W-2) for the following employee:

EMPLOYEE NAME _____

CURRENT ADDRESS _____

PHONE NUMBER _____

If requesting the form be mailed, please provide a copy of photo identification (i.e. driver's license or permit) along with this request form. If picking up the duplicate W-2 in person, please be prepared to provide the aforementioned identification upon receipt of the W-2.

There will be a processing fee of \$20 for each W-2* requested. Please allow up to 7-10 business days for processing. Hard copies of the W-2 will be mailed out to the address listed on this form.

Please mail completed requests with payment enclosed to:
SCMG
9801 West Kincey Avenue
Suite 165
Huntersville, NC 28078

For Office Use Only:

Date request received: _____

Duplicate W-2 issued: _____

Processed by: _____

**Duplicate W-2 request processing will begin mid-February.*