



W-2 Reprint Request Form

For Tax Year(s): _____

Payroll Company (if known):

- CAPS UNIVERSAL PAYMENT
 PAYROLL ASSOCIATES OTHER - Please specify:

Social Security #: _____

Full Name: _____

Address: _____

Phone Number: _____

If you would like your W-2 to be faxed, please provide a fax number and Attention To name:

Fax to: _____ Attention: _____

If you would like your W-2 emailed, please provide an e-mail address:

E-mail to: _____

Comments/
Additional Information: _____

Your Signature

Date

Your reissued Form W-2 will be mailed to the address listed unless otherwise specified above.

Please fax the completed form to (847) 480-8846, or scan the completed form and e-mail to W2@capspayroll.com. You may also mail the form to:

CAPS Payroll
400 Skokie Blvd., Suite #460
Northbrook, IL 60062