

W2 REQUEST/CHANGE FORM
****PLEASE PRINT****

Send this form to InfoSync: Fax: (316) 681 4328

Email: W2.Report@issvc.com

DATE: _____

NAME: _____ PHONE NUMBER: (____) _____

EMPLOYEE ID (IF KNOWN) OR SOCIAL SECURITY #: _____

W2 REPRINT (Check all that apply):

- ADDRESS CHANGE
- SOCIAL SECURITY NUMBER CORRECTION
- NAME CORRECTION
- OTHER CORRECTION/COMMENTS

W2 REPRINT ONLY: **YES**

ADDRESS CHANGE: _____

SOCIAL SECURITY # CORRECTION:

INCORRECT SS NUMBER: _____

CORRECT SS NUMBER: _____

NAME CORRECTION:

INCORRECT NAME: _____

NAME AS IT APPEARS ON YOUR SS CARD: _____

OTHER CORRECTION/COMMENTS:

Attach copy of Social Security card for Name and Social Security Number change.
(Always take proper precautions when providing copies of your SS card.)

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