



# Wisconsin Pay Specialists

## Timekeeping, Payroll & Office Solutions

MAIL TO: Wisconsin Pay Specialists      DATE OF REQUEST: \_\_\_\_\_  
P.O. Box 95  
Coleman, WI 54112  
Fax: 1-888-423-9007  
Email: [service@wisconsinpay.com](mailto:service@wisconsinpay.com)

### Request for IRS Form W-2

PLEASE PRINT

Please issue a Wage and Tax Statement (Form W-2) for the following employee, for the tax year ending: December 31, 20\_\_\_\_\_.

EMPLOYER NAME: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Form is requested for the following reason:

\_\_\_\_\_ Never Received

\_\_\_\_\_ Misplaced or Destroyed

\_\_\_\_\_ Social Security Number or Name Incorrect

\_\_\_\_\_ Other (Explain) \_\_\_\_\_

I authorize the \$6.00 be deducted from my next pay to receive this payroll service.

\_\_\_\_\_  
Signature of Employee

=====

For Office Use Only:

Date Request Received \_\_\_\_\_

Date Duplicate Issued \_\_\_\_\_

Processed by \_\_\_\_\_

Physical Location:  
**2701 Larsen Road**  
**Green Bay, WI 54303**  
**(920)499-TIME (8463)**

[www.wisconsinpay.com](http://www.wisconsinpay.com)

Mailing Address:  
**P O Box 95**  
**Coleman, WI 54112**  
**(920)897-2500**