

[Type text]

W2 REQUEST FORM

****PLEASE PRINT****

DATE: _____ **NAME:** _____

PHONE NUMBER: _____

COMPANY NAME / #: _____

SOCIAL SECURITY #: _____

- ADDRESS CHANGE**
- SOCIAL SECURITY NUMBER CHANGE**
- NAME CORRECTION**
- W2 CORRECTION**

EMPLOYEE'S NAME

AS APPEARS ON SS CARD: _____

ADDRESS CHANGE: _____

SOCIAL SECURITY # CORRECTION:

CORRECT SS NUMBER: _____

INCORRECT SS NUMBER: _____

W2 CORRECTION: _____

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

Send to InfoSync at:

Fax: (316) 681 4328

Email: W2.Report@issvc

1938 N Woodlawn, Suite 110
Wichita, KS 67208

Telephone (316) 681-8599
Toll Free (855) 685-1622

FAX (316) 681-4328
Email: w2.report@issvc.com