



Duplicate or Corrected W-2
Request Form Tax Year: 2018



Please allow 10 to 15 business days for processing and mailing corrections; 3 to 5 business days for duplicate requests.

W-2s were mailed to the addresses on file at ABS on/ before Jan. 31.
Please fill out this form completely for a copy of your W-2.

Check if Needs to
be Corrected

Personal Information

Social Security # _____

Full Legal Name _____
First M.I. Last

_____ **If you already received your W-2, please check here if the amounts in Boxes 1-6 do not match your records.**

Current Address

Number and Street _____ Address Correction _____

Additional Address Line _____

City State Zip Code _____

Method of Response

PLEASE MARK ONLY ONE. REQUEST WILL BE RETURNED IF BOTH ARE SELECTED.

_____ Please mail my W-2 to the address on this form.

_____ Please email me a link with login credentials to access my form online (cannot be requested if a name or SSN correction is needed).

Email address: _____

Telephone #: _____

Authorization

Signature of Employee _____ Date _____

Signature of Requestor (if other than employee) _____ Date _____

Relationship to Employee _____

Note:

W-2s will be sent only to the employee named on the W-2. Parents of employees who are over age 18, legal guardians, authorized talent agents, business managers, or accountants may receive an employee's W-2 if employee AND REQUESTOR sign this form. Employee authorizes the sending of their W-2 directly to requestor if other than the employee.