

MAIL TO: Argent Payroll
170 New Camellia Blvd, Suite 120
Covington, LA 70433

DATE OF REQUEST:

FAX No: 985-845-7297

Request for Duplicate IRS Form W-2

PLEASE PRINT

Please issue a Wage and Tax Statement (Form W-2) for the following employee for the **tax year 2012**.

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

The form W-2 is requested for the following reason:

_____ Never Received

_____ Misplaced or Destroyed

_____ Social Security Number or Name Incorrect (Fee is \$10.00, after 2/28/13 fee is \$25.00)

Mail duplicate to: _____ Employee _____ Employer

I authorize that \$5.00 be deducted from my next pay to receive this payroll service. If employee is no longer employed, this form must be authorized by the employer and this charge will appear on your next invoice. If not authorized, employee must pay fee directly to Argent Payroll.

Signature of Employee

Signature of Employer

Company Name (Please Print)

For Service Bureau Use Only:

Date Request Received _____

Date Duplicate Issued _____

Processed By _____