

W-2 Reprint Request

Please fill out the following necessary information. You must include a \$10.00 money order or cashiers check payable to "TMD TEMPORARIES" for each year you are requesting a "Reissued Statement" for W-2. Personal Checks will NOT be accepted.

If you are a current employee and would like the fee deducted from your next paycheck please mark the box below, sign and date.

Please deduct \$10.00 from my paycheck to cover the cost of the W-2 Reprint Request.

Signature: _____ Date: _____

If you are requesting that your W-2 Reissued Statement be mailed to you, you are required to provide a legible photocopy of picture identification, such as driver's license or a State issued ID card (persons without any other ID). This MUST be included with this request form in order for your document to be reissued. If picking it up in person, be prepared to show a valid picture ID.

All requests are to be handed to or mailed to your local Branch Office Representative. No phone, fax or email requests will be accepted.

Please print your name and full address below. This will be your mailing label to return the W-2 "reissued statement".

ADDRESS W2 Reprint to be mailed:

_____ Name
_____ Address Line 1
_____ Address Line 2
_____ City, State & Zip Code

Tax Year Requested (Current or Prior Year Only) : _____

Social Security Number (SSN): _____

Phone Number: _____

*Signature: _____

*By signing above, I certify that I am the individual to whom the above SSN has been issued by the Social Security Administration.

TMD will begin processing the W-2 requests on or after February 16th. Allow five (5-10) business days to process your request.

TMD is not responsible for reprint requests that are lost, incomplete, misdirected, stolen, mutilated, illegible, postage due, or any combination thereof.