

MAIL TO: PUBLIC PARTNERSHIPS, LLC
ATTN: W2 UNIT
6 ADMIRALS WAY
CHELSEA, MA 02150-4059

FAX No.: (866) 260-6260

Place picture ID Here and photocopy this form
We cannot reissue a form without a copy of valid identification

**REQUEST FOR CURRENT YEAR () IRS FORM W-2 or 1099-MISC
PLEASE PRINT**

Please reissue my (circle one): W-2 1099 for the tax year .

[]

EMPLOYEE ID No.: _____

EMPLOYEE NAME: _____

Social Security Number (if Individual) or Federal EIN (if business):

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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EMPLOYEE'S CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State _____ Zip Code _____

This form is being requested for the following reason:

- Duplicate Copy
- Misplaced or Destroyed
- Never Received
- Other (Explain) _____

I certify that the information above is correct and complete. I understand that Public Partnerships, LLC charges \$20 for this W2 reprint service (to be deducted from my next paycheck).

Signature of Employee

FOR TAX TEAM USE ONLY:

Date request rec'd: _____

Processed by: _____

Duplicate form reissued: _____