## W-2 Form Reissue Request

## ALL INFORMATION MUST BE COMPLETED LEGIBLY BEFORE A W-2 CAN BE REISSUED.

Employee Name:								
	print full name	on social security card	1					
Social Security #:	Lawson ID (if known):							
W-2 is being requested (\$5.00 per form charge f	for the year of: for 2005 - 2010 requests)	2005	2006	2007	2008 Accepting <b>2011</b>	2009 Reissue Red	2010 quests Sta	2011 rting 3/1/12
	Use the below address to pr	ocess this W-2 Request	only.					
	Use the below address to	process this W-2 Req	uest and al	l future cor	respondences	i.		
Street:								
Apt No., Lo	t No., etc:							
City:								
County:								
State:	Zip:							
Home Phor	ome Phone No: ( ) Daytime: ( )							
Cell Phone	No: <u>(</u> )							
Email Addr								
I, the undersigned, aut	horize Cinemark, USA, Inc	. to mail the W-2 requ	ested to th	e above ad	dress.			
	E	Employee Signature						
Company policy prohib Original or duplicate W For overnight service, p Please allow 5 business	ken against any person revits faxing or emailing W-2/-2 forms will be mailed vibrovide a Fed Ex or UPS acts days for processing.  10	Forms for confidentia a US mail. count number and sp	ality purpos ecify morni	ing or after	noon delivery.			
	Make checks Mail to: Fax:	payable to: CNMK Te Cinemark U Attn: Huma 3900 Dallas Plano, TX 7 972-665-100	SA, Inc. n Resource Pkwy, Suite 75093	es Departm		W-2 reprint	s)	
FOR HUMAN RESOURC								
	LES DET 1. OSE OINET.			Original W	2 romailed.			
Date request rec'd:					-2 remailed:			
Processed by:				publicate /	N-2 mailed:			