



**EMPLOYEE'S REQUEST FOR DUPLICATE W-2 FORM OR
ADDRESS CHANGE FOR FORMER EMPLOYEES**

I am/was employed by: _____ Bob Evans Farms _____ Mimi's Café

To protect your privacy, a duplicate W-2 form will be issued only through completion of this form. All information must be complete.

PLEASE PRINT CLEARLY

Employee Name	Social Security Number
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Please release a duplicate W-2 form for the calendar year _____.

We do not Fax duplicate W-2's

Mailing Address: Please check box if this is a new address

Street		
City	State	Zip Code
Day Time Phone Number		

Reason for request (please check the appropriate box):

- Never received
 Lost/Misplaced/Destroyed
 Other: _____

Note:

1. To ensure confidentiality, a duplicate W-2 form will not be faxed or e-mailed regardless of location or time constraints. Please allow approximately five (5) business days processing time after receipt of request by the payroll department.
2. An employee is the only person allowed to request additional copies of his/her W-2 form(s)

I hereby authorize Bob Evans Farms, Inc. to release a copy of my W-2 form to the mailing address indicated above:

Signature:	Date:
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Mail this request form to: Payroll Department
 Bob Evans Farms, Inc.
 3776 S. High Street
 Columbus, OH 43207

Fax: 614-409-2173

For Payroll Use Only

Date request received: _____
Processed by: _____ Date: _____