W2 Reprint Request Form

Instructions: W2 Reprint form must be submitted for all requests. Please allow 10 business days for processing. All active associates' complete form and email to w2reprints@compass-usa.com or fax 704-295-5144, former associates must complete form and mail along with payment (no personal checks accepted) see address below. Requests received without payment will not be processed.

Fee Schedule per Reprint Requested - Please allow 10 business days for processing

Associate Status:	**Active**	**Former ***payment must be received prior to processing****
Current Year	$0	$20
Prior Year	$20	$20

Reprint Information *(All fields required unless otherwise specified)*

***If personnel number is unknown leave blank, must include name and last 4 digits of ssn.**

Associate Name:_____

*Personnel Number:_____ Date:_____

Last 4 digits of SSN:_____ Unit #:_____

Reprint Years Requested:_____

Reason for request:

Incorrect Address ☐
Lost or Destroyed ☐
Other (please explain):_____
If a SSN or Name change is needed please call Payroll Customer Service at 1-888-295-7206

Contact Information:

Address:_____

Address #2:_____

City:_____

State:_____ Zip:_____

Primary Phone Number:_____

Email Address: _____

Method of Payment (Payment by certified check or money order must accompany reprint form.) If you are paying by credit card, fill out the following.

I authorize Compass Group USA to charge my:

Visa ☐	Discover ☐	Master Card ☐
Card #		**Expiration Date:**

Name on credit card:_____

Signature of cardholder:_____

Make money order or cashiers checks payable and mail along with this form to:

Compass Group USA, NAD
Attn: Payroll Dept. W2 Reprints
2400 Yorkmont Rd.
Charlotte, NC 28217

Telephone: 1-888-295-7206 **Email: w2reprints@compass-usa.com** **Fax: 704-295-5144**

For Payroll use only:

Address Validated ☐ Payment Processed ☐ Date Received_____
Check Received ☐ Database Entry Complete ☐ Payment Waived ☐
Comments:_____