

# BIAGGI'S INC.

1705 Clearwater Ave  
Bloomington, IL 61704

P: 309.664.2148  
F: 309.445.6648

## REQUEST FOR W-2 FORM (Please print)

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No: \_\_\_\_\_ Work Location: \_\_\_\_\_

Status (circle one):    Active            Termined            Gender (circle one):    Male            Female

The IRS states that employers may not collect a fee for supplying original and corrected W-2 forms, but that a fee may be charged for supplying duplicate copies. There is a \$5 processing fee for each duplicate W-2 requested. If the W-2 has been returned to the corporate office due to insufficient address, the processing fee will be refunded and returned when the request is processed. If a corrected W-2 is requested due to a name and or social security number correction, a copy of your social security card must be submitted with the request, and the fee will be waived.

The request is being made for the following reason:

\_\_\_\_\_ Name/Number Incorrect (copy of social security card required for name/number change, fee waived)

\_\_\_\_\_ Misplaced/Destroyed/Stolen/not received (circle one and enclose \$5 fee for each W-2 requested)

The request is being made for the year (s) ending: \_\_\_\_\_

**Note: Replacement W-2's will only be sent by mail to the address provided above, not faxed.  
Allow 14 days for processing from date received.**

Please return form to:  
Biaggi's, Inc.  
Attn: Payroll Department  
1705 Clearwater Ave.  
Bloomington, IL 61704  
Fax 309-445-6648

\_\_\_\_\_  
Signature of Employee

For Payroll Department use only:

Date request received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Change made in ADP \_\_\_\_\_

W-2: reissued/original resent/W2C issued            Fee: received/returned            Processed by: \_\_\_\_\_