



Please Print Legibly and Complete All Fields

### W2 Reprint Request & Address Change Form

Employee Name	Social Security Number
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Old Address (if Applicable)
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City	State	Zip
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Current Address (this section must be completed for all requests)
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City	State	Zip
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Phone Number
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#### W2 Requests

There is a processing fee for each W2 reprint. W2 Reprints will be mailed to the current address indicated above. In order to protect the privacy of our clients and employees, SOI WILL NOT fax copies of W2s. However, overnight shipping options are available at an additional cost. Please indicate your preferred shipping option below.

**Please enter the quantity of W2 reprints requested in the appropriate year and calculate the total charge in the indicate boxes.**

Ship Method	Charge	2011	2010	2009	2008	2007	2006	2005	Total Charge
US Mail	\$15 each								\$
Second Day Air*	\$25 each								\$
Overnight Delivery*	\$35 each								\$

**\* Second day air and overnight deliveries are unable to be delivered to a PO Box.**

**All Payments must be made via check or money order to SOI.**

This form must be returned to SOI to process the address change and W2 reprint request(s).  
Please return this form and your payment to SOI at the following address:

SOI Customer Care Department  
PO Box 241448  
Charlotte, NC 28224

**W2 reprints requests WILL NOT be processed until valid payment is received.**

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

\_\_\_\_\_  
Date