



Los Angeles: (818) 848-9200 New York: (212) 675-4600

REQUEST FOR DUPLICATE W-2

I hereby request that a duplicate W-2 form be sent to me.

Name _____

Social Security Number _____

Address (line 1) _____

Address (line 2) _____

City _____ State _____ Zip _____

Is this a new address? circle one: YES NO

If yes, what was your previous address? _____

For security purposes, what production company or project did you work for or on last year? _____

Please send my duplicate W-2 via (circle one): FAX E-MAIL REGULAR MAIL

Signature _____ Date _____ Phone; _____

Fax number: _____ E-mail _____

FAX THIS FORM TO: (866) 690-6361 or EMAIL THIS FORM TO: support@abspayroll.net

OFFICE USE ONLY:

Date received _____ Signature verified by _____ Mailed to _____

Sent via _____ Processed by _____ Date Processed _____