

W-2 Reprint Form

PLEASE PRINT, SIGN, AND MAIL WITH YOUR PAYMENT TO:

XCELHR
Attention: W-2
7361 Calhoun Place, Suite 600
Rockville, MD 20855

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employee ID or last 4 digits of SSN: _____

Company: _____

Phone: _____

Email Address: _____

☐ Current Employee ☐ Former Employee

☐ I request a reprint of my 2018 W-2 for $25.00

☐ I request a reprint for the following year(s) for $75.00 each

☐ 2017 ☐ 2016 ☐ _____

If your address has changed please provide proof of new address. Document must show your name and address.

Signature: _____ Date: _____

PLEASE MAKE YOUR CHECK PAYABLE TO "XCEL MANAGEMENT, INC."