



XCELHR W-2 REQUEST FORM

Please print, sign, and mail with your payment to:

XCELHR
Attn: W-2 Request
7361 Calhoun Pl, Suite 600
Rockville, MD 20855

Full Name: _____

Address: _____

Employee ID or SS#: _____

Company: _____

Phone: _____

Email Address: _____

☐ Active Employee ☐ Previous Employee

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

☐ I request a reprint for the following years for \$75.00 each

☐ 2017

☐ 2016

☐ ☒ _____

Signature: _____ Date: _____

Please make your check payable to "Xcel Management, Inc."