



## W2 Copy Request Form

Requests will be honored on a first come, first serve basis **beginning February 15<sup>th</sup>** in order to allow time for the postal service to deliver or return the original W2. Your requested W2 form will be mailed (or faxed) within five (5) business days.

**Employee Work Location** \_\_\_\_\_ **Date of Request** \_\_\_\_\_

**Employee Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Employee ID Number** \_\_\_\_\_

### Employee Current Mailing Address

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Secure Fax Number** \_\_\_\_\_ (Only supply fax number if this is your preferred method of receipt!)

### REQUEST FOR DUPLICATE WAGE AND TAX STATEMENT (FORM W2) FOR TAX YEAR ENDING:

2017                       2018                       2019

### A COPY OF THE FORM W2 IS REQUESTED FOR THE FOLLOWING REASON (CHECK ONE):

Never received     Misplaced or Destroyed     Social Security Number or Name Incorrect

Other (Explain) \_\_\_\_\_

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

**Employee Phone** \_\_\_\_\_ (Provide a preferred phone number. Payroll may contact you for additional information/clarification.)

### EMAIL, FAX OR MAIL COMPLETED FORM TO:

Email: lscconnect.help@lsc.com.com

Fax: 1-877-791-1648

Mail: LSC Communications  
Corporate Payroll Department  
4101 Winfield Rd  
Warrenville, IL 60555

Submission of this form does not automatically update your mailing address information in the LSC HR, Payroll or Benefits Systems.

### ADDRESS CHANGE INSTRUCTIONS:

ACTIVE EMPLOYEES: Log into LSC Connect and update your record online.

TERMINATED EMPLOYEES: Call the LSC Help Desk 1-844-MY-LSC-IT (1-844-695-7248) to initiate an address change.