



W2 Copy Request Form

(For those who did not register for paperless W2)

Requests will be honored on a first come, first serve basis **beginning February 15th** 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:

RRD 2016 LSC 2017 LSC 2018

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: lsc.payroll@lsc.com

Fax: 1-877-791-1648

Mail: LSC Corporate Payroll
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: Login to 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.