



W-2 ACTION FORM FOR 2007 and PRIOR YEARS

NAME: _____

SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

Form W-2 Correction Address:

Form W-2 Correction (W2C)

Please explain the problem as you understand it. **(Do not send the Form W-2)**

Social Security Number Correction

Incorrect SSN: _____ - _____ - _____

(Attach a copy of the Social Security card. The correction will NOT be processed without it.)

Correct SSN: _____ - _____ - _____

Under no circumstances should a Unit Manager alter or otherwise attempt to correct the wage and tax information on the employee's W-2 Form. All changes must be made by the Sodexo Payroll Tax Department, fax number 1-716-626-6525. Questions, contact Sodexo Payroll Tax at 1-866-372-3161.

Form Number ???

Revised 1/08