



W-2 ACTION FORM FOR 2007 and PRIOR YEARS

NAME: _____

SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE: _____

PHONE NUMBER: _____

W-2 REISSUE REQUEST:

YEAR(S) REQUESTED: _____

Send W-2(s) by:

Fax

Fax Number: _____

Mail

Address:

W-2 CORRECTION REQUEST (INCORRECT SSN):

Social Security Number Correction (if applicable)

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

Incorrect SSN: _____ - _____ - _____

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 1-716-650-6821. Questions, contact Sodexo Payroll Tax at 1-866-372-3161.