

W2 REQUEST FORM

TAX YEAR REQUESTED: _____
Store/Dept you last worked in.

SOCIAL SECURITY NUMBER ____ - ____ - _____

NAME: _____
(LAST) (FIRST) (MI)

MAILING ADDRESS: _____
(NUMBER) (STREET) (APT #)

(CITY) (STATE) (ZIP CODE)

HOME PHONE NUMBER: _____ - _____ - _____

WORK PHONE NUMBER: _____ - _____ - _____

The FORM W-2 is requested for the following reason:

- _____ Misplaced or Destroyed
- _____ Address change
- _____ Never Received
- _____ Social Security Number Incorrect
- _____ Name Incorrect
- _____ Other (Explain) _____

***(PLEASE NOTE: It takes 10-15 business days before your request will be processed. You will be notified if we are unable to accommodate your request for any reason.)
All requests for W-2's MUST be made in writing!***

I HEREBY AUTHORIZE **Quick Chek Corporation** TO RELEASE A COPY OF MY W-2 FORM TO THE MAILING ADDRESS INDICATED ABOVE.

(SIGNATURE)

(DATE)

Please fax to (908) 534 - 7312 or mail completed form directly to:

Quick Chek Corporation
P.O. Box 600
3 Old Hwy
Whitehouse Sta., NJ 08889
Attn: Payroll Department

For Corporate Use Only

Request Received: _____

Action Taken:

W2 Mailed _____

W2 Not Found for year requested _____

W2C Needed _____

Processed by: _____ Date Processed: _____