

Request for a Copy of IRS Form W-2 (Please Print)

Mail To: A. TEICHERT & SON, INC.
3500 AMERICAN RIVER DR.
SACRAMENTO, CA 95864

Date of Request: _____

Or FAX To: (916) 480-5576

Or E-Mail To: FPayroll@teichert.com

Employee Information:

Employee Name: _____

Last 4 digits of Social Security No.: _____

Tax Year Requesting: _____

Current Mailing Address:

Street Address _____

City, State & Zip Code _____

The Form IRS W-2 is requested for the following reason (check one):

<input type="checkbox"/>	Never Received
<input type="checkbox"/>	Misplaced or Destroyed
<input type="checkbox"/>	Other (Explain)

Division work for (check one):

<input type="checkbox"/>	Construction
<input type="checkbox"/>	Precast
<input type="checkbox"/>	Mobile

<input type="checkbox"/>	Aggregates
<input type="checkbox"/>	Readymix
<input type="checkbox"/>	Joint Services (Finance, HR, IR, IS, Triangle, TLC)

Signature of Employee
(A copy of the W-2 will not be sent without an employee signature)

FOR PAYROLL USE ONLY:

DATE RECEIVED: _____

DATE DUPLICATE W-2 ISSUED: _____