

W-2 Copy Request Form

(For those who did not register for paperless W-2)

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 W-2. Your requested W-2 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 _____

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 W-2) for the tax year ending:

2014 2015 2016

A copy of the Form W-2 is requested for the following reason (check one):

Never received Misplaced or Destroyed Social Security Number or Name Incorrect
 Other (Explain) _____

Employee Signature

MAIL OR FAX COMPLETED FORM TO:

Fax: 1-847-513-9385

Mail: RR Donnelley Corporate Payroll
4101 Winfield Rd
Warrenville, IL 60555

*Submission of this form does not automatically update your mailing address information in the RR Donnelley HR, Payroll or Benefits Systems.

Address Change Instructions:

Active Employees: Log into HR Xpress and update your record online.

Terminated Employees: Call the RRD Benefits Center at 1-877-773-4236 to initiate an address change.