



Extreme Reach
111 W Jackson Blvd, Suite 1525
Chicago, IL 60604
ATTN: Payroll Operations
Fax (312) 924-5904
Email: PAC@extremereach.com

RE: Duplicate W2 Request Form

Dear Extreme Reach:

I would like to request a duplicate W2 form.

Sincerely,

Name: _____

Signature Required: _____

SSN: _____

Gender: _____M or _____F

Date of Birth: _____

Today's Date: _____

Current Address: _____

Phone Number: _____

Tax Year(s) Needed: _____

Email Duplicate W2: _____YES or _____NO

Email Address: _____