



**W-2 STATEMENT REQUEST
FOR INFORMATION, DATA CHANGE
OR ADDITIONAL COPY**

Fax or E-mail this Form to 330-665-5441 or sjeffries@theamericangroup.net

Please fill out the "Personal Information" section, and provide a detailed explanation as to what information needs to be changed in the "Detailed Explanation" section below. Send this form to us by fax or e-mail as instructed above. We will respond to you by phone if we have any questions. Please note that if the form is not properly filled out, this will delay your request. Thank you for the opportunity to assist you.

Personal Information:

Last Name: _____

First Name: _____

SS #: _____

Daytime Phone #: _____

Signature: _____

Date: _____

Detailed Explanation:

If requesting additional copies of your W-2, please check here: _____ # of additional copies.
There will be a \$5.00 charge for this request.