



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

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

Please fill out the “Personal Information” section. Then, please provide a detailed explanation in the space provided below regarding what information you are requesting a change for. 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, your request may be delayed. Thank you for the opportunity to assist you.

**Personal Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

SS #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Detailed Explanation of Change(s) being Requested:**

**There will be a \$5.00 charge for requests for additional W-2 copies.**