



Midwest Ambulance Service, Inc

P.O. Box 421723, Indianapolis, IN 46242

Phone: 317.548.4044

www.midwestambulance.org

Fax: 317.857.1481

Request for Duplicate Copy of IRS W-2 Form

Tax Year Requested: _____

Date of Request: _____

Team Member Name: _____

Current Mailing Address: _____

A duplicate W-2 form is requested for the following reason:

Never Received

Misplaced/Destroyed

Other (Explain) _____

There is a \$5.00 duplication fee that must be received prior to issue of the duplicate W-2. The Human Resources Department makes every attempt to print duplicate W-2 forms in as timely a manner as possible. However, please be aware that requests may take 7-10 business days to complete. Please allow for sufficient processing and delivery time before contacting Human Resources to inquire about the status of your request.

Team Member Signature: _____

Signature Acknowledging Pick Up of Duplicate W-2: _____

Date Picked Up: _____

For Human Resources Use Only

Date request Received: _____

Processed By: _____

\$5.00 Duplicate fee paid

Original W-2 Retailed Date: _____

Duplicate W-2 Reissued Date: _____