

W-2 correction request form

Complete this form to request a correction or change to an employee's W-2 form. If wages, taxes, or deductions must be corrected, contact your service bureau. There may be additional fees to process amended returns.

Form Year

This is page ___ of ___

Reset

Sent by	<input type="text"/>	Company Name	<input type="text"/>	Special Instructions	<input type="text"/>	Current Date	<input type="text"/>
Phone Number	<input type="text"/>	Company Code	<input type="text"/>				

After completing the request form, print and fax to your Sage Payroll Services support center. Use as many pages as needed and use the Reset button at the top of the page to clear the fields and enter information for more employees.

Employee First and Last Name	Employee Number	Street Address, City, State, and ZIP Code	Incorrect Social Security Number (if applicable)	Correct Social Security Number (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I authorize the information on this form and accept responsibility for its use to correct W-2 information.

Signature

For internal use only	Received: __/__/__	Processed by: _____
	Process Run Number: _____	