

**BIG MEADOWS
NURSING HOME**



Request for Duplicate IRS Form W-2
(Please Print)

Return this request to:

Big Meadows
501 6th Avenue West
Lyndon, IL 61261
Fax: 815-778-4503
Email: floaty@mchsi.com

Provide a replacement copy of my W-2 Wage and Tax Statement for the following:

Name: _____

SSN (Last 4 digits only): _____

Telephone Number: _____

Tax Year: _____

Mail via US Postal Service to this address:

Street Address

City/State/Zip

Please note:

Form W-2 cannot be faxed or emailed.

Allow 5 days for processing.

Replacement W-2 requests will not be processed before February 15th for the current issue.

Signature

Date