PHONE 713-975-7576
PHONE 800-701-4014
FAX 713-783-1566
FAX 800-765-0652

1616 S. VOSS, SUITE 700
HOUSTON, TEXAS 77057

REQUEST FOR DUPLICATE FORM W-2 FOR TAX YEAR _____

Please return this form to: TFI Resources

Attn: Accounting

1616 S. Voss, Suite 700
Houston, TX 77057

Fax: 713-783-1566

Please issue a duplicate copy of the Wage and Tax Statement (Form W-2) for the following employee:

Employee Name: _____ Contact Phone #: _____

Recruiter Name: _____ Social Security #: _____

Distribution of Form: (Circle One) Pick-up from TFI Resources Mail Form

Mail Form To: _____
Street Address

_____
City State Zip Code

Reason For Request: (Circle One) Never Received Lost/Misplaced/Destroyed

Signature of Employee: _____

UNDER NO CIRCUMSTANCES WILL A W2 REQUEST BE PRCESSED WITHOUT PROPER IDENTIFICATION. UNDER NO CIRCUMSTANCES WILL A W2 BE FAXED. If requesting form be mailed, please provide copy of legible picture identification, such as driver's license, along with this request form. If picking up the duplicate Form W-2 in person, please be prepared to show picture ID, such as driver's license. **Allow five business days to process your request.**

FOR OFFICE USE ONLY:

Date request received: _____ Date processed: _____

If picked up: Employee Signature: _____

Date Employee picked up form: _____