



The Lakeshore Companies

People • Passion • Energy

MAIL COMPLETED FORM TO:

The Lakeshore Companies
One North Franklin Suite 600
Chicago, IL 60606-3456
Attn: Payroll Dept.

REQUEST FOR REISSUE OF IRS FORM W-2

EMPLOYEE NAME (FIRST, MI, LAST) PLEASE PRINT
SOCIAL SECURITY NUMBER
STREET ADDRESS
CITY
STATE
ZIP
DAYTIME PHONE
EVENING PHONE

Please reissue WAGE and TAX STATEMENT (FORM W-2) for the tax year 20_____.

The FORM W-2 is requested for the following reason:
CHECK ONE OF THE FOLLOWING:
Never Received
Misplaced or Destroyed
Incorrect Name or Social Security Number
Other (Explain)
Please mail the W-2 to the above address.
Please email W-2 to:

BRANCH LOCATION
Chicago Loop
Denver Downtown
Louisville
Rolling Meadows (Chicago Suburbs)
Dallas
Denver Tech Center
Phoenix

SIGNATURE OF EMPLOYEE
DATE / /20

* Please allow up to five business days after the request has been received for the W-2 to be reissued and mailed.

For Internal Department use only

W-2 REISSUED ON
MAILED ON
PROCESSED BY