

**First Service Corporation**  
1002 W. 23<sup>rd</sup> Street, Suite 400  
Panama City, FL 32405  
Attn: Payroll Department  
Fax #: (844) 788-1484

\_\_\_\_\_  
EE#  
\_\_\_\_\_  
Date of Request

**DUPLICATE W-2 REQUEST FORM  
(PLEASE PRINT)**

**NOTE:** At no charge, the 2019 W-2s are available for immediate download with your username and password at <https://efile.aatrix.com/pages/w2online/formretrieval.aspx?v=ATX000>  
If you don't know your username and password, feel free to contact payroll at [payroll@royalamerican.com](mailto:payroll@royalamerican.com) or (850)769-3218. This form does not need to be filled out if you are going to download your W-2.

Please reissue a WAGE AND TAX STATEMENT (Form W-2) for the following employee for the tax year ending (*please select one of the following*): \_\_\_2019 \_\_\_2018 \_\_\_Other \_\_\_\_\_ (year)

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NO (LAST 4 DIGITS): \_\_\_\_\_

EMPLOYEE CURRENT MAILING ADDRESS:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

WORK LOCATION & NO.: \_\_\_\_\_

**The FORM W-2 is requested for the following reason:**

\_\_\_\_\_ Never Received  
\_\_\_\_\_ Misplaced or Destroyed  
\_\_\_\_\_ Social Security Number or Name Incorrect  
\_\_\_\_\_ Other (Explain) \_\_\_\_\_

I authorize that \$25.00 be deducted from my next pay to receive this payroll department service.

\_\_\_\_\_  
**Signature**

I am no longer an employee; I will submit payment by personal check/money order.  
I understand that the duplicate W-2 will not be mailed until payment is received.

**FOR PAYROLL DEPARTMENT USE ONLY:**

Date request received: \_\_\_\_\_ Original W-2 re-mailed: \_\_\_\_\_ Processed by: \_\_\_\_\_

Duplicate W-2 reissued: \_\_\_\_\_ Date service fee received: \_\_\_\_\_