

## W-2 Correction and Change Form

(Please Print)

Date: \_\_\_\_\_ Last 4 of Social Security #: \_\_\_\_\_  
Name: \_\_\_\_\_  
First MI Last  
Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Year(s) Requesting: \_\_\_\_\_  
Company Name (as it appears on your pay stub): \_\_\_\_\_

☐ **Social Security # Change**

Incorrect social security number \_\_\_\_\_

Correct social security number \_\_\_\_\_

☐ **Name Correction**

Incorrect Name \_\_\_\_\_

Name as it appears on SS card \_\_\_\_\_

☐ **Wage Correction (note in comments section)**

☐ **Other** \_\_\_\_\_

**Comments:** \_\_\_\_\_

SS#, wage corrections, and name changes must be verified by the store manager or Corporate Office.

I confirm I have reviewed the documents for the employee and approve the change to the SS# or Name.

**Managers Signature:** \_\_\_\_\_

*In the event that you are no longer able to get a manager's signature from your store a bank notary will be accepted*

**Notary signature and stamp:** \_\_\_\_\_

**Individuals Signature:** \_\_\_\_\_

*Signature above authorizes information and mailing instructions.*

Keep your original W-2 to be filed with your taxes. A W-2C will be issued reflecting the changes requested only. You will need to supply the W-2C and the W-2. A W-2C is not needed for an address change. **Email completed form to [W2.Report@issvc.com](mailto:W2.Report@issvc.com), or fax to 316-681-4328.**