

## THE LAW OFFICE OF TRACEY L. RUSSO LLC

| Date:  |                         |         |    |
|--|-------------------------|---------|----|
| TO:  | Human Resources         |         |    |
| FR:  | Tracey Lane Russo, Esq. |         |    |
| RE:  | Your Employee:          | _ (DOB: | _) |
|  |                         |         |    |
| Please be advised that I represent your employee and ask that, in accordance with the with the attached authorization, you provide my office with the following information related to his/her employment: |                         |         |    |

- A statement of benefits.
- A statement setting forth the cost of health insurance and spousal COBRA benefits, if applicable.
- Any and all information related to or regarding a retirement plan, pension, supplemental employee retirement plans, or similar program that the employee participates in.
- Current salary, title, and list of all compensation including but not limited to wages, equity shares, vested and/or unvested stock options.
- A statement of wages for the year -to-date.
- W-2s for the past 3 years.

Thank you in advance for your assistance with this important matter. Should you have any questions or need additional information, please do not hesitate to contact me.