

MSLC  
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BRAINTREE, MA 02184

ATTN: LISA KING

FAX 781-849-5596

REQUEST FOR W2-G FORM REPRINT

**PLEASE PRINT**

**Would you please forward to the address below copies of my  
W2-G form(s) for the following year(s)\_\_\_\_\_.**

SOCIAL SECURITY NUMBER\_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN\_\_\_\_\_

STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_  
(WE WILL CALL ONLY IF THERE IS A PROBLEM)

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: REQUEST FOR CURRENT YEAR REPRINTS WILL BE MAILED IN  
JANUARY OF THE FOLLOWING YEAR.**

Your form(s) will be mailed within seven to ten business days

3/5/10