

W2 REPRINT REQUEST



AL COPELAND
INVESTMENTS

Date: _____ / _____ / _____

Store #: _____

Social Security #: _____ W2 Year Requested: _____

Employee Name: _____

(Include prior name if applicable)

New Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

I hereby request a duplicate copy of my W2 for the calendar year above.

_____ / _____ / _____

Please sign and date

PLEASE NOTE— There is a \$10.00 fee for any W2 Reprint, for any year

Mail this completed form with either cash or money order to:

ACI
1001 Harimaw Ct., South
Metairie, LA 70001
ATTN: Payroll W2

Sorry, we do not accept personal checks. ACI is not responsible for cash payments lost in the mail.