

B2E Solutions Inc

W2 Tax Form Reprint or Correction Request Form

Return Completed Form to your CSR a	t: <u>Clientservices@cs.b2esolutionsinc.com</u>
CSR Please Complete: Client Short ID	: Client Master Tax ID:
For the following employee:	
Tax Year: Social Security N	umber: Employee ID #:
Employee Name:	
Street Address:	
	State:Zip Code:
Please issue a Replacement W	/2 Wage and Tax Form - Reason:
Destroyed Los	st Never Received
Please issue a Correction W2 (to correct employees address):	(W2c) Wage and Tax Form - Reason (Note - There is not a way
Social Security Number OR	
Correct SSN:	Incorrect SSN:
Correct Name:	Incorrect Name:
Taxable Wages and/or Taxe	s Incorrect: Explain In Detail -
Other - Amended Tax Return - NO W2C: Explain In Detail -	
I understand that B2E Solutions Inc will charge	my company:
\$25.00* for the reprint of each form \$30.00* for each Correction form required due to \$60.00* for each Correction form required due to <i>*plus any additional ancillary fees for a</i>	o a Wage and/or Tax adjustment
	your Customer Service Representative via Secure Email
Company Name:	Company Code:
Employer Signature:	Date:
	y to charge the employee for the cost of the duplicate/replacement form W-2. e employee sign an acknowledgment that they accept the charge.

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