



**2024 W-2 Inquiry Form**

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Please check the box number(s) in question:

<input type="checkbox"/>	Box 1	Wages, tips, other compensation
<input type="checkbox"/>	Box 2	Federal income tax withheld
<input type="checkbox"/>	Box 3	Social Security wages and tips
<input type="checkbox"/>	Box 4	Social Security tax withheld
<input type="checkbox"/>	Box 5	Medicare wages and tips
<input type="checkbox"/>	Box 6	Medicare tax withheld
<input type="checkbox"/>	Box 16	State wages, tips, etc.
<input type="checkbox"/>	Box 17	State income tax
<input type="checkbox"/>	Other	

Reason for Inquiry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Instructions: All W-2c's, if applicable, will be mailed to the home address on file if you are an active employee. Separated or retired employees provide your mailing address below.

Home Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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

***Please fax completed form to 213-241-8986***