

2023 W-2 Inquiry Form

**Employee Name** \_\_\_\_\_

**Employee Number** \_\_\_\_\_

Box number  
in question  
(Please check)

	Box 1	Wages, tips, other compensation
	Box 2	Federal income tax withheld
	Box 3	Social Security wages and tips
	Box 4	Social Security tax withheld
	Box 5	Medicare wages and tips
	Box 6	Medicare tax withheld
	Box 16	State wages, tips, etc.
	Box 17	State income tax
	Other	

**Reason for Inquiry** \_\_\_\_\_  
\_\_\_\_\_

**Mailing Instruction**

All W-2c's, if applicable, will be mailed to the home address or the updated address if provided below.

Home Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_

Address Change (Your address on record will be updated.)

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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