



KRAUSE GROUP



Mail to: Krause Group
 1459 Grand Avenue
 Des Moines, IA 50309

Attn: Grow People
 Fax #: 515-457-0103
 Email: GPS@kumandgo.com

Request for IRS Form W-2

Please Print

Please Reissue a WAGE AND TAX STATEMENT (Form W-2) to the following associate, for the tax year ending _____.

Associate Name: _____

Social Security Number: _____

Associate Mailing Address:

Street or Box Number: _____

City _____ State _____ Zip code _____

The Form W-2 is requested for the following reason:

- _____ Never Received
- _____ Misplaced or Destroyed
- _____ No Access to Internet
- _____ Social Security Number or Name Incorrect
- _____ Other (Explain) _____

I authorize that this information is accurately reported on this form. I understand it will take 7-10 mailing days to receive this form after the payroll department received this form.

Associate Signature _____ Date of Request _____

Payroll use only: Payroll Processor: _____

Date Received: _____ Date Processed: _____ Date Mailed/faxed/other: _____