

MSLC
60 COLUMBIAN ST
BRAINTREE, MA 02184

ATTN: Tax Department

FAX 781-849-5596

REQUEST FOR W2-G FORM REPRINT

PLEASE PRINT

**Would you please forward to the address below copies of my
W2-G form(s) for the following year(s)_____.**

SOCIAL SECURITY NUMBER_____

NAME _____

ADDRESS _____

CITY/TOWN_____

STATE/ZIP _____

TELEPHONE NUMBER _____
(WE WILL CALL ONLY IF THERE IS A PROBLEM)

SIGNATURE _____ Date: _____

**PLEASE NOTE: REQUEST FOR CURRENT YEAR REPRINTS WILL BE MAILED IN
JANUARY OF THE FOLLOWING YEAR.**

Your form(s) will be mailed within seven to ten business days

2/10/16