



2025 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